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**Comparison between the Behaviour
of Junior Aged Children attending a Unit for pupils with
Emotional and Behavioural Difficulties
and Similar Children in Mainstream Classes**

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ABSTRACT:

This case study examines some of the children with the greatest frequency of behavioural problems on the playground of a particular junior school serving a socially deprived area. It looks at the historical factors which led to its present situation of having a special needs unit for children with emotional and behavioural difficulties and summarises the definition, assessment and provision for maladjusted/EBD children. It seeks to compare the unit children with their mainstream peers in order to ascertain whether the children are correctly placed within the unit, and whether others might not be equally deserving of places. It concludes that there may be considerable overlap between statemented unit children and mainstream children, with uncertainty as to which children should be referred, and what might be expected from the referral process.

In the process the research examines the current situation with regard to providing consistent and workable criteria for assessing EBD children, concluding that the search for this is not yet over.

This work is original and has not been submitted previously in support of any degree qualification or course.

ACKNOWLEDGEMENTS

The research presented would have been impossible without the generous help provided by the teachers and others associated with the life and work of Aaron school (a pseudonym). They have helped with the administration of questionnaires, completion of Bristol Guides and by providing countless other pieces of information and help which have been essential to the production of this document. This has meant for them additional self-sacrifice at a time when there was too much else to do already, and it has often been done at the expense of leisure and family time which is all too valuable.

Thanks are due to the County Psychological Service for their work in producing and photocopying Bristol Guides used for the past assessment of pupils. The Senior Educational Psychologist, Mrs Pat Bragg contributed a paper on the assessment of EBD pupils which was invaluable to part of the research.

I have much appreciated the help of Chester College of Higher Education who enrolled me as their only student on a special needs course yet persevered with individual tuition which eventually grew into this present study. I should like especially to thank Mrs Gill Morgan for her patient script reading, helpful suggestions and constant encouragement which have contributed so much to the final product.

Finally to my wife Andrea and family who have had to bear with my hours at the computer and my preoccupation with these studies when there were other things that needed attention! I thank them for their unfailing support and encouragement.

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ABBREVIATIONS

The following abbreviations are used in the dissertation and bibliography:

BSAG Bristol Social Adjustment Guide

Code of Practice - The Code of Practice on the Identification & Assessment of Special Educational Needs. 1994. DFE.

DES Department for Education & Science

DFE Department for Education

EP Educational Psychologist

EBD Emotional and Behavioural Difficulties

HMI Her/His Majesty's Inspectorate

HMSO Her/His Majesty's Stationery Office

LEA Local Education Authority

SEN Special Educational Needs

THE INTRODUCTION

Are EBD children different?

The aim of this case study is to examine issues concerned with the behavioural problems in Aaron Junior School, where the author is headteacher, and particularly to try to answer the above question. Are EBD children appreciably different from other poorly behaved children, and if so in what respect? Are they the extreme of a continuum of behaviour, in which case what is the dividing line for initiating entry into the school's special unit? Is there a reliable and consistent measure that can be applied to such children? If there is, has it been reliably applied within this school, or are there overlaps between unit children and their mainstream peers?

1:1 A brief history of the School:

In order to understand the relationship between the main school and the unit, and the whole establishment's context within the community, it is necessary to give brief details of the history and situation of the school.

Aaron Primary school was built in 1935 to accommodate about 400 children on a newly-built housing estate rehousing families from

demolished areas of high density housing from the centre of a cathedral city.

This rehousing caused considerable social upheaval, and most of the city's problem families were concentrated into a section of the estate. This seems to have been continued almost as policy since that time, and the area has achieved some notoriety, not wholly justified. The community is a close-knit one, with many intermarriages and extended family relationships represented in a small area. By 1972 the City Education Authority changed its policy from 5-11 Primary Schools to First and Middle Schools. The school was divided into two, under separate headteachers, the existing head taking the now 8-12 year Aaron Middle School, and the new headmistress appointed to the Aaron First School for 5-7 year olds. At 12 years of age the children transferred to the local comprehensive High School which was re-organised at that time from the City Grammar School, and still tried to maintain quite an academic approach. The local Education Authority was committed in the early 1970s to setting up units attached to local junior schools designed to accommodate those with special educational needs within the City. In view of the nature of the social and emotional difficulties of many of the families in the locality it was decided that Aaron school should house a unit for maladjusted children, and an extension of the original building added four middle school classrooms and two purpose-built unit classrooms. The unit also comprised a toilet and shower, an activity room, children's kitchen and an office.

The unit facility was intended for two classes of seven children each, staffed by a teacher and a classroom assistant for each class. From its inception, the intention was that it should serve the local educational district - a division of the County. Initially that was the city itself, but under later re-organisation two districts were combined so that some points of the new area were at least twelve miles distant. The wider area also included other deprived family stress areas. Although there have been no official decisions to this effect, the unit developed over its first ten years to specialise in handling some of the more difficult over-reacting children in the locality. The result has been that the unit serves very disturbed children some from well outside the school's historic catchment area - many of them brought to school by LEA funded taxis.

Historically, the reasons for this seem to have been threefold:

First, that in an area characterised by mainstream behavioural problems, unit children imported from further afield would be readily accepted as less obtrusive than they might be in a quieter area.

Second, because of their experience and training, the skills of the staff were such as to be able to handle such children with reasonable efficacy.

Third, the staff skilled in behavioural problems would prove an

additional resource for mainstream children with similar difficulties. It was envisaged that the unit staff might be able to advise mainstream staff, and that there might be some possibility when unit children were integrated into mainstream, that mainstream children with behavioural problems might be allowed some temporary or respite care within the unit as space and time allowed.

Since the introduction of the unit facility in 1971, rolls have fallen until the school serves only the poorer section of the neighbouring estate. One contributory factor in this was the demographic trend of the fall of the birth rate, but with fewer children in the area, opportunities were opened by the 1980 Education Act for a greater choice of schooling, and the larger neighbouring school which had been a secondary school became an attractive alternative, partly no doubt because of the additional building facilities.

As well as the children in the special unit, there are large numbers of children with behavioural problems living on the Aaron Estate which the school serves. A recent unpublished survey of the county's schools made by the Research & Statistics Branch of County Hall (Cheshire 1994a) put the school and its neighbouring infant school as top of the Family Stress Rating. This is based upon the percentage of free school meals which they

have found gives a high correlation with social and educational disadvantage. 63% of the junior school's pupils take free school meals, but the entitlement to free meals is greater than this because there are some children who prefer other eating arrangements.

The links between family stress and behavioural difficulties are drawn by Rutter et al (1979)

*"features of family adversity are
characteristics associated with higher rates of behaviour and
educational difficulties in the children"*

p33 (See also Rutter et al 1975)

In many respects it seems that some of the mainstream children were as deserving of places within the unit as those 'imported' by taxi from other neighbourhoods. What criteria have been and are being used to discriminate between unit children and others, and are they being effectively and fairly applied for the benefit of the school as a whole and of the local community?

The housing estate is characterised by being a very close-knit community, where rumours and opinions spread very quickly, the reputation of the

school has seemed to stand or fall by the perceived behaviour of the pupils. If these pupils are from within the local community, they are usually well known by neighbours and their misbehaviour may be excused or explained by their known circumstances, whereas unit children usually come from outside the catchment area, and their behaviour is not so easily forgiven by local parents ignorant of their home circumstances. There may be resentment at the extra facilities available for outsiders that could be used for local children, especially if some local children's behavioural problems are perceived to be in greater need of help.

1.2 TERMS OF RESEARCH

Hopkins (1985) writing about research such as this present study, sees that teachers who are able to extend their role to include critical reflection upon their situation, are better able to improve it. It is the intention of the study to benefit children and staff, as Stenhouse (1984) sees the task of all educational research outside the classroom to be serving the teachers, since it is only they who are in a position to create and implement good teaching.

The study seeks with varying degrees of success to examine vital practical issues by the comparison of mainstream pupils with unit children; by

comparing pupils' behaviour over two terms, by researching the use of Assertive Discipline (Canter & Canter 1976) and by using the Bristol Social Adjustment Guide (Stott 1974).

Especially interesting and topical is the whole issue of the criteria used for statementing EBD children which may still have to be resolved at a national level.

The exploration of this, and other issues related to the thesis have raised many more questions, but hopefully provided a few answers.

2 THE CONCEPT OF MALADJUSTMENT & EBD

Chapter 2 of the Warnock Report (1978) describes how the poor, the disadvantaged and the handicapped were gradually included into the field of education, so that the 1921 Education Act recommended inclusion of all children into education except for four broad categories who were to be educated separately. This was a very far-sighted vision, which for the most part was not acted upon until the 1944 Education Act. The 1945 Regulations to that Act identified eleven categories of handicap, and for the first time the maladjusted were included in legislation. The 1944 Education Act and its attendant regulations broke new ground in incorporating education for those with disabilities as part of the overall primary and secondary schooling, a significant milestone in the goal of equality of education. The intention was that as far as possible children should be educated by integrating them into schools for mainstream pupils, thus avoiding the stigma hitherto attached to many handicapped pupils, particularly the maladjusted (Galloway & Goodwin 1979). Only the blind, deaf, epileptic and physically handicapped were deemed to have need of a 'separate' special school, but the authorities were to make special provision in some way for all of these categories (Warnock Report 1978; Wilson & Evans 1980.)

Galloway & Goodwin (1979) saw the concept of 'maladjusted' children dating back to a psychological laboratory at University College London, which began the study of different children and led to the work of the British Child Study Association in 1893 and the introduction of child guidance clinics (Laslett 1977). In 1913 Cyril Burt was appointed by the London County Council to examine referrals from teachers, doctors, parents and care workers, and by 1927 the Child Guidance Council was formed. Burt's research on 391 girls and boys of 7 in 1920 showed 31% with signs of maladjustment and 4% seriously maladjusted (Burt 1946). The idea of maladjustment and the need for treatment grew with the National Society for Mental Health aiming to encourage the provision of skilled treatment of children showing behavioural disturbances.

McFie (1934) had earlier studied children from elementary schools in London and categorised four behaviour deviations: timidity; behaviour disorders such as truancy or stealing; habit disorders such as nailbiting or incontinence; and scholastic difficulties not attributable to mental deficiency.

He found no less than 46% included in his categories, but perhaps such a high percentage is not so unlikely if nailbiting is included as a behaviour deviation!

Following the 1944 Act, "The Handicapped Pupils and School Health

Service Regulations" (Ministry of Education 1945) described maladjusted pupils as those

'who show evidence of emotional instability and psychiatric disturbance, and those who require special educational treatment in order to effect their personal, social and educational maladjustment'. p.15

However, as Galloway et al (1982) point out, the definition is very unhelpful since the terms *'emotional instability'* and *'psychiatric disturbance'* themselves need as much clarification as does the term *'maladjustment'*.

Developing from the 1944 Act's initiative, the Government produced "The Report of the Committee on Maladjusted Education" (Underwood Report 1955) which advocated an expansion in training for all those involved in the assessment and provision for maladjusted children. There was a recognition that maladjustment should include passive and introverted behaviour as well disruptive and antisocial behaviour. Underwood also rejected the former definition because it did not offer help in identification of particular children. So a new definition was accepted that

'a child may be regarded as maladjusted who is developing in ways that have a bad effect on himself or his fellows, and cannot without help be remedied by his parents, teachers and the other adults ordinarily in contact with him' (Underwood 1955 p.22)

However, in spite of the fact that this definition was accepted as being clearer than previous ones, in practice there was still uncertainty, and since most of those concerned with diagnosis and treatment were medical personnel, medical models were mostly used such as 'symptoms', 'clinical therapy' and 'syndromes'. This was in spite of the fact that the Underwood Committee had declared that maladjustment was not a medical term for diagnosing a medical condition. However, Circular 347 (HMSO 1956) which advocated child guidance clinics was medical in outlook and orientation. A paper on "The Health of the School Child 1958 & 1959" (HMSO 1960) stated that children who were maladjusted had *'educational retardation which was part of a complicated syndrome which had to be recognised and approached as a whole'* and that *'solely educational approaches might not only be unsuccessful but could also be damaging to the child'*.

Teachers became justifiably concerned as to what might be expected of them and what their role should be if they were to be involved in remedying medical conditions, so the National Union of Teachers published a booklet "The Education of Maladjusted Children" (NUT 1962) which claimed that the concept of maladjusted children had come to have a wider range of meaning than that originally held. The original specific meaning they held to be *'a child suffering from a syndrome of mental and/or*

emotional symptoms that can only be dealt with by some form of clinical therapy after expert investigation into the causes'.

It was claimed that some were now using the term to include children who were 'mildly difficult' (NUT 1962 p.3).

It was advocated in the pamphlet that newly-trained teachers needed to be taught '*the principles of mental health*' to enable them to recognise maladjustment. An appendix to the Underwood Report (1955) listed groupings of symptoms which might be indicative of maladjustment (see Appendix 2).

In spite of the concept of maladjustment having so many clinical and medical roots, it was later not a category much used in child psychiatry (Rutter 1965) and was then principally used as a label under which special education might be provided (Graham & Rutter 1970). Galloway & Goodwin (1979) argued further that the term had come to be used principally for describing any child whose teacher demanded removal following behaviour which they were unable or unwilling to tolerate.

The National Child Development Study (Davie et al. 1972) had investigated the health, education and behaviour of children born in one

week of March 1958, and at the age of 7 teachers completed an early version of the Bristol Social Adjustment Guide (Stott 1963), succeeded in later stages of the study by Rutter's behaviour questionnaire (Rutter 1967). Stott claimed that his guide would:

"provide a means of detecting and assessing behaviour disturbances (maladjustment) in children aged 5-16 within a school setting"

Stott 1963 p.7

and that the guide

"can be used in research wherever a behavioural variable is required"

ibid p.7

and that it could be used to assess

"the effects of various school environments and the teachers' attitudes to the social adjustment of pupils"

ibid p.7

The National Child Development Study (Davie et al 1972) showed 64% of the sample as 'stable', 22% 'unsettled' and 14% as 'maladjusted' using Stott's terms and definitions.

The term 'maladjustment' was succeeded by 'EBD' children with emotional and behavioural difficulties, which was thought to be more helpful by the 1981 Education Act for describing what had been named by the 1944 Act as a handicap. Laslett (1983) cited this as evidence of a shift from the medical to psychological and educational models.

The Elton Report (1989) considered children to have EBD when they showed:

"severe and persistent behaviour problems as a result of emotional, psychological or neurological disturbance such that their needs cannot be met in an ordinary school"

Elton Report 1989 p.42

Circular 23/89 'Special Schools for pupils with Emotional & Behavioural Difficulties' (DES 1989b) defined EBD by description:

"EBD are manifest in many different forms and severity of behaviour. Children with these difficulties exhibit unusual problems of adaptation to a range of physical, social and personal situations. They may set up barriers between themselves and their learning"

environment through inappropriate, aggressive, bizarre or withdrawn behaviour. Some children will have difficulty in making sense of their environment because they have a severe and pervasive developmental disorder or more rarely an adult type psychosis. These children may need exceptional treatment.

Pupils placed in special schools on account of their EBD will span a wide range of ability. Many may have significant learning difficulties as a result of their emotional and behavioural problems, and are less likely to become spontaneously involved in learning activities. Their attitudes towards and capabilities for learning will vary considerably"

p.9

The Code of Practice on the identification and assessment of special educational need (DFE 1994) defines special educational need as 'having a learning difficulty which calls for special educational provision to be made'. The child has learning difficulties if he:

"a) has a significantly greater difficulty in learning than the majority of children of the same age

“Educational and Behavioural Difficulties may become apparent in a wide variety of forms, including withdrawn, depressive or suicidal attitudes; obsessional pre-occupation with eating habits; school phobia; substance misuse; disruptive, anti-social and unco-operative behaviour; and frustration, anger and threat of, or actual violence.”

p.5

There follows a list (Appendix 3) which gives examples of behaviours indicative of EBD to be taken in conjunction with his academic attainment. Although there is recognition that there is a continuum of difficulty (See Education of Children with EBD, Circular 9/94, DFE 1994a) there is also the declaration that *'there is no absolute definition'* (p4). Woods (1994) argues that in spite of all past attempts to pin down the concepts involved in SEN provision, psychologists by association, and principally by omission might be part of the problem of special needs concept formation, giving rise to inconsistent special educational provision and attendant resourcing issues.

3. ASSESSMENT OF EMOTIONAL & BEHAVIOURAL DIFFICULTIES

With the diversity and uncertainty shown in chapter 2 about any agreed definition of what constitutes EBD, there are obvious problems with assessment - how does one assess something without a clear definition of what it is? Even with a clearer definition, if there is a continuum of difficulty, what level should trigger provision? Are those charged with the responsibility of assessment part of the problem as claimed by Woods (1994)?

3.1 HISTORICAL

Detailed instructions following the 1944 Education Act were included in "Special Educational Treatment" Ministry of Education Pamphlet No.5 (MOE 1946), which specified that the educational needs of a maladjusted child should be assessed by reference to an educational psychologist or child guidance team, and have provision made by his own teacher with advice from an educational psychologist, or by sessions of specialist teaching, or by transfer to another day school, or by referral to a boarding school for such children (Wilson & Evans 1980).

Under the 1944 Act, authorities had been empowered to require parents to present their children for medical or psychological examination, but

parents had no right of appeal against an LEA decision except by application to the minister of education. Parents' rights had been limited (Section 34 [5]) and under Section 38 [2] parents needed LEA permission to withdraw children from special education. The Education Act 1981 came into force in 1983 and gave LEAs and school governors the responsibility for identifying, assessing and providing suitable education for special educational needs. They had to provide the pupils and their parents with a contract of educational provision - a written entitlement to what were the assessed educational needs of the child from discussion with all those concerned. In contrast to the 1944 regulations, the 1981 Act specified that parents should be involved throughout the identification of needs and production of statements, that they could make representations to the LEA if they disagreed (Section 7) and that they could appeal in case of continued disagreement (Section 8), but the appeals committee could only refer back to the LEA for reconsideration.

The rights of special needs children have been in this respect more limited than those of mainstream children, since appeals committee decisions were binding on the LEA in all but cases of special educational need.

Although the intentions of the 1981 Act may have been quite clear and laudable, the implementation from 1983 onwards was problematic partly

because of limited resources. Although the statementing procedure was found to provide considerable protection for some (Solity & Raybould 1988), the administration of it proved so time-consuming and unwieldy that it was not being implemented properly according to the legislation. Rogers (1986) indicated that some aspects of the Act were being effectively operated by only 8% of the 63% of the LEAs who responded to a questionnaire. In a study of the situation in Bradford (Putter 1987) there was seen to be an increasing pressure upon limited resources by an ever wider range of special needs children. He specially noted a growing incidence of behaviour problems.

But in addition to problems of resourcing the implementation of the 1981 Act had made psychologists increasingly aware of the lack of criteria for signaling the initiation of procedure (Wood et al 1993), especially for children with behaviour problems.

3.2 THE RECENT NATIONAL POSITION ON ASSESSMENT

"Work recently done by the Scottish Office Education

Department on Special Educational Needs

suggests that assessment of EBD still lacks objective criteria"

Rennie 1993 p.22

The Audit Commission (Audit Commission/HMI1992) had also discovered considerable variation in procedures and in thresholds for statementing.

MacReady (1992) in his recent research stated that the needs of the referred pupils were easily confused with wants and demands by those attempting assessment.

In an attempt to cut through some of the confusion, McCall (1991) studied some assessment methods by educational psychologists in 28 authorities with each psychologist reporting on one recent referral. She found 91.2% of children were referred for 'acting out' behaviour problems, 40.4% were juniors and 86% were male. A variety of tests were used, 22 different personality tests for instance, and some children were assessed only by observation. Although psychologists reported only about 25% of EBD referrals usually resulted in statementing 71% of the sample were statemented. This discrepancy arose perhaps because of confusion as to whether the questionnaire meant recent referrals or recent statements. On average one assessment took over 20 hours of the psychologist's time.

McCall & Farrell's 1993 survey found that of educational psychologists who assessed primary children referred for behavioural difficulties, 96% requested further written reports, 63% observed children in their 'natural setting' of playground or classroom, 45% used IQ tests, 44% personality

tests/inventories, 56% attainment tests and 21% no tests at all, claiming that judgements could be made by observing the child, from clinical judgements and from interviews with teachers, parents and others. Of these, 72% resulted in a statement, correlating closely with the 71% in McCall's 1991 study quoted above.

McCall & Farrell (1993) conclude by commenting that their research did little to inform them as to what the educational psychologists actually did when carrying out their work.

Wood et al's (1993) research referred to above went further than McCall & Farrell's (1993) in seeking to design an aide-memoire which made explicit those factors which underpinned recommendations made by educational psychologists and, in the process, arrived at a local consensus as to what were the principal criteria of use in referring EBD children.

This they saw to be of value because it addressed the problems already quoted from the Audit Commission report (1992) with such variations in statementing thresholds in different authorities and indeed across authorities. At the time of their writing they were eagerly awaiting the DFE's promise of specific criteria for such statementing but this has been seen to add little clarity to the issue.

Wood et al (loc cit) discovered very little consensus amongst professionals consulted even in the same county. Quantitative or standardised tests were used far less for EBD assessment than they were for any other area of special needs education.

3.3 LOCAL METHOD OF ASSESSMENT

The educational psychologist responsible for assessing children for Aaron's unit employs a procedure (Appendix I) which involves questioning to decide whether the problem is for the child, the teacher or other children. To help elucidate this the Bristol Social Adjustment Guide (Stott 1974) is then used. The results from this are not interpreted strictly in the recommended way, but by determining what patterns emerge. If there is no obvious pattern, then the problem lies elsewhere than in the child, and should be remedied elsewhere. If there are high scores on the Ovract side, a Galvin & Singleton Behaviour Rating Scale (1984) is completed and a plan of action results from this, unless an Assertive Discipline system is in place, in which case reinforcement of desired behaviours and consistent clear consequences for negative behaviour will, she asserts, in 90% of cases teach the child the desired behaviour.

If there are clusters on the Unrct side then the child is given 'space' for himself because he is probably a child unable to cope with group pressures and expectations. This may happen by placing the child in the unit, usually temporarily. However, if there are high scores for withdrawal and depression, direct psychological action is recommended urgently. This usually takes the form of play therapy or counselling, and attempts to discover why the child is unhappy/untrusting or has such a low self-esteem.

The recommended use of the BSAG by Stott (1974) is to complete the questionnaire of pupil behaviours, to score them according to the handbook and to then refer the scores to see which category the child falls into. The earlier research referred to an overall score for maladjustment whereas his later research cautioned against the combination of overreaction and under-reaction and scores and suggested that these should be considered separately.

With increasing financial pressures upon schools and LEAs, questions were being asked nationally about the role of educational psychologists in assessment - in effect, who might constitute the client for an educational psychologist - the child, the school or the LEA (Rabinowitz 1991). The LEAs, with a vested interest in limiting expenditure, began to develop their own strategies (cf. Wood et al 1993 with Lancashire LEA). Aaron's local LEA advanced an argument to suggest that Warnock's level

of 2% for statemented children should be used as a means of providing a trigger point for provision. For instance they did calculations for Specific Learning Difficulties children so that the criteria would select only 2% (Cheshire 1990). Although such calculations are impossible for EBD provision due to the lack of agreed criteria and measurable scales experience within Aaron's LEA would seem to suggest that there is a growing search for such procedures, which has been criticised by Woods (1994) as narrowing and diminishing the role and function of the educational psychologist. With persistent overspending in the special needs sector, the LEA wishes to impose measurable limits.

The financial constraints seem to be increasingly pointing to links between assessment and placement. If a child is positively assessed as EBD, then by definition there must be special provision. Since that provision is costly, the only way to limit expenditure is to place limits upon the assessment process.

Aaron's local authority are pursuing a policy of tightening the criteria for placement. Nationally 2.9% of children are statemented, but this authority statements about 3.6% (County Statistics). If the Circular 9/94 (DFE 1994a) idea of a continuum is used, and Warnock's 2% is held as a suitable cut-off point, then assessment becomes a matter of positioning a child along the continuum to determine whether he is within that vital 2% in order to qualify for statementing and provision. This is

fraught with practical problems, since there are so many factors advanced as indicative of EBD need, and none of them is capable of objective measurement in order either to construct the continuum or to place a child within it. This will be discussed later.

In view of these problems of assessment, the psychologist now sees placement to be based upon the extent of the child's response to a process carried out within the school. She sees educational failure to be the initial indicator of need for a possible placement, since it is Special Educational Need which is being assessed, even though McCall & Farrell (1993) had found that learning difficulties were mentioned in only 54% of their survey of children referred for EBD.

CHAPTER 4 - GENERAL PLACEMENT & PROVISION FOR CHILDREN

Since the concept of maladjustment and EBD is uncertain, and assessment so diverse and lacking in rigour, provision for the children has perhaps been haphazard. The development of provision may be summarised as follows:

4.1 HISTORICAL DEVELOPMENTS AT A NATIONAL LEVEL

As has been seen in preceding chapters, before the 1944 Education Act, maladjustment was not officially recognised as a handicap, therefore as Galloway & Goodwin (1979) deduced, there were no maladjusted children, and therefore there was no need for provision! The first statutory provision for maladjusted children was seen to be psychiatric, or therapeutic, suggesting that schools were not appropriate placements, nor teachers the best providers.

The Report of the Joint Departmental Committee on Mental Deficiency (Board of Education and Board of Control 1929) examined the need for special schooling and concluded that a probable 10% of the population were in need of some form of special education, but the committee's recommendations were not statutorily formulated until the 1944 Act because of the depression and the war.

The seeds of special education for the maladjusted were sown in the 1930s with financial support for Child Guidance Clinics. By 1950, 587 maladjusted children were educated in special schools in England and Wales (HMSO 1976) but the number had risen to nearly 14,000 by 1976. Galloway & Goodwin (1979) pointed to two major problems with educational provision at this time for the maladjusted:

a) the difficulty of expecting teachers to provide educational treatment for what was regarded as a psychiatric disorder (see ch. 2, and NUT 1962).

b) following from the above, with no clarity as to what the provision should be, there appeared to be no clear evidence that schools for the maladjusted actually benefited the children.

Galloway & Goodwin (1979) further reported on the paucity of research into the success of day and boarding schools for the maladjusted pointing out that such studies as had been done hardly justified placing children in special schools.

The Warnock Committee established in 1974 and reporting in 1978 (DES 1978) recommended the abolition of set categories of handicap and the

integration of children with needs as far as possible into ordinary schools, but concluded as seen above, that special schools would be needed for 3 groups, one of which was children with severe emotional or behavioural disorders.

Primary schools had begun to have special units for the maladjusted, starting with West Sussex authority (Labon 1973). They had realised that the needs of a growing number of children with behavioural difficulties could be met by resorting to earlier legislation, allowing for special schools to have advantageous pupil teacher ratios (from the 1898 recommendation of less than 20 through to 1944 Education Act (Circular 4/73 DES 1973). Soon after the West Sussex initiative, Aaron unit was established, initially to cater for 7 children and soon after for 14 in two classes.

In 1974 it was agreed that a variety of professions ranging across the LEAs and Health Authorities should be coordinated to provide help for those with behavioural and emotional difficulties and the attendant learning problems. In 1978 the Inspectorate carried out a survey of behavioural units (DES/HMI 1978) which called for a clearer specification of the aims of units, and showed that 72% of 96 LEAs had established special units for such problem pupils. There were 239 units and 3/4 of these served more than one school, but because of confusion in the wording of the initial enquiry to the LEAs it was not clear how many schools had established their own units but

were not included in the survey because they were not regarded as local authority initiatives. It seems however, that special classes and units for the disruptive child had proliferated, whether provided by the schools themselves, or by the LEAs (ACE 1980).

Dawson (1980) surveyed those treatments which were most effective for pupils' problems and also gave as the advantages of maladjusted units:

1 Pupils with EBD receive more individual and relaxed special education than in a normal class.

2 Such provision is preferable to expulsion, suspension or removal to a special school at some distance .

3 The transfer from a stressful situation provides relief for the child, the teacher and the class.

4 Such provision is preferable to hospital or clinical provisions in that it is educationally based.

5 Pupils themselves respond to greater freedom, more fun and a less judgemental regime.

6 Re-integration is possible for a substantial proportion of those so placed. (cf Gupta 1986)

However against these can be placed the following disadvantages:

1 Once placed in segregated provision the child is labelled negatively and it is difficult to return to mainstream. Only 1/3 return (cf Evans 1981).

2 Units mainly arise from the political and social pressures to off-load problems rather than to prevent EBD.

3 In spite of high costs, units do not result in discernible gains or improvement in adjustment (cf Topping 1983).

4 The curriculum is generally much narrower.

5 There is too much focus on behaviour management within the group instead of focussing on successful integration into an ordinary class. Too little is done to equip mainstream teachers to teach EBD children on their return (cf Galloway 1987).

By 1985 Swann (1985) noted that the proportion of the total population in special schools for the maladjusted had grown by 10% between 1978-1982, and for 5-10 year olds by 12.1%, and that there was increasing emphasis on segregation rather than integration.

Before the full implementation of the 1981 Act, the situation was overtaken by a storm of legislation centred on the 1988 Education Reform Act.

4 . 2. INTEGRATION

Warnock's 1978 Report addressed the education of handicapped children as a central issue taking up the recommendations of the Snowdon committee working party (1976) section 10, which further endorsed the aim that wherever possible the education of children with special educational needs should be in ordinary schools in preference to specially segregated ones (section 10):

"We have observed that Section 10 of the Education Act 1976 is the legislative expression of a principle which is widely supported, and that provision for handicapped children has increasingly been made in ordinary schools. We would expect this trend to continue."

(Snowdon 1976 p.146.)

The provision of units within special schools had the effect of increasing the integration of pupils with special needs, although the location of such units within existing schools may have been economically rather than philosophically motivated. From a socio-political perspective, the integration issue was thought to be a simple question of children's rights, as expressed by Peter Newell of the Children's Legal Centre:

"We see the segregation of children and young people on grounds of disability or other externally defined difficulties as a form of discrimination to be as unacceptable as segregation on grounds of race or colour would be, whatever the initial motivation might have been".

Newell (1989) p.23

Hegarty & Pocklington (1981) had argued that integration had become a catchword laden with unanalysed assumptions. Warnock (1978) had previously attempted to unravel some of these assumptions by suggesting that there were three principal levels of integration:

a Locational integration referring to the geographical positioning of a special school or unit alongside a mainstream school, resulting in some sharing of facilities such as playgrounds and entrances but not necessarily ensuring the mixing of the children.

b Social integration combining some activities such as mealtimes and playtimes and perhaps the more physical activities, but leaving aside the more academically orientated aspects of schooling.

c Functional integration involving children learning skills together and fully communicating.

Wade and Moore (1992) later recognised that the issue was not one purely of integration or not, but that there could be formulated an integration continuum between Separation and Integration as follows:

Separate: No contact at all (e.g Home or Hospital) Special school on its own site

Special school sharing site with mainstream

Special Unit sharing mainstream building

Special Unit sharing social activities with mainstream children

Special Unit with some mainstream outreach

Mainstream with some withdrawal into special classes

Integrate: Provision for all SEN in mainstream.

4.3 FUNCTIONAL INTEGRATION & THE NATIONAL CURRICULUM

The new National Curriculum was introduced as the key to universal entitlement in the 1988 Education Reform Act, with a right to a broad and balanced curriculum for all including those in special education, as proclaimed in the National Curriculum Council's booklet "A Curriculum for All" (NCC 1988). However, the 1988 Act seemed to overturn some of the benefits brought about by the protection of the 1981 Act statements. This began to be recognised, and although the main provisions of the Act were laid in 1988, by April 1989 the DES were beginning to suggest how exceptions might be made in time to come into force for August 1989 when the first National Curriculum requirements were to be introduced, by inclusion of sections 16/17-19 suggesting that there might be certain limited exceptions as a common and simple procedure.

However, as political pressure increased for accountability of teachers, the exceptions proved to be very limited, and by July 1989 the Section 19 regulations were further revised in DES Circular 15/89 (DES

1989a). The main emphasis was that powers of disapplication had to be used very sparingly. Indeed Section 19 of the Act allowed headteachers to apply for only temporary disapplication in a very few circumstances. The procedure to be employed was so complicated and time consuming that it was almost impossible to implement for children in mainstream education or in units which had comparatively little administrative backup.

Some of the language about special needs children which was used in government literature echoed Dawson's (1980) findings and proclaimed that pupils needed *"positive attitudes from staff", "a climate of warmth and support in which self-confidence and self-esteem can grow"* (NCC 1989), yet it was suggested that children with problems meeting the National Curriculum targets might be better educated in a key stage below their peers, which might lead to considerable stigmatisation. The DES alternative was that any pupils with statements who needed to be taught for most or all of the time below the ranges specified, might be exempted by disapplication. The effect of all this was that schools increasingly pressed for statementing of children who might in previous years have been successfully retained within a mainstream situation. Indeed, in the local education authority covering Aaron schools there were twice as many applications for children to be statemented in 1991 as the usual

average for that area. Such evidence seemed to be part of a trend which had already been noted elsewhere by Davidson (1988), that there was an increasing number of difficult pupils in an expanding EBD sector.

Peagam (1991) in a study of 27 LEAs noted that not only was there an increasing number of children being statemented, but that the proportion of statements which were for EBD placement was much increased and amounted to 11% of the total. The DFE (1992) in their own study found 3,000 permanent exclusions in the year 1990-91, 22% of whom were subsequently placed in EBD units. The curriculum, which was supposedly designed for all was having the effect of excluding more and more pupils from mainstream educational provision - partly it seems because schools had to put children under pressure to deliver an over-prescriptive curriculum. Imich (1994) did a longitudinal study of pupil exclusions in his own local authority of Essex and found that although there was a 50% increase over the three years of 1989-92, it was principally accounted for by only a few schools, and Gale & Topping (1986) had previously discovered the attitude of schools to unruly pupils to be a better predictor of exclusion or suspension than the incidence of unruly pupil behaviour, and it seemed that particular schools under considerable pressure were excluding pupils as a response to that pressure.

Abbots et al (1991) found Emotional & Behavioural Difficulties (EBD) to be almost entirely overlooked by the 1981 Act, and that subsequently very few of these children had been integrated back into the mainstream of education. This is surprising in view of Hadfield's (1985) work and that of Holt (1986) which suggested that the concept of integration of special needs children had been widely accepted. Furthermore, Turner (1986) reported that parents of EBD children were more anxious that their children should be integrated than parents of children with other special needs.

The Dearing Report (1993) promised a slimming of the National Curriculum by 20%, to allow for a reduction pressure on pupils and teachers. This was seen as having an improving effect, allowing teachers the flexibility to make allowances for pupils to an extent not previously possible, and perhaps reversing the trend towards increasing statementing or exclusion. However, schools were still being urged to compete financially under LMS.

4.4 POSITIVE PROVISION

However, schools and units, usually under the guidance of educational psychologists have developed various features to provide a positive environment for EBD children. Units and special schools according to Cooper (1994) should provide three principal features:

- a) Respite from negative influences,
- b) Positive interpersonal relationships,
- c) Opportunities for personal achievement and positive recognition that is supportive yet challenging.

Galloway et al (1982) drew a useful distinction between 'support services' and 'treatment services':

Support services they suggested were for the most, disturbing children, to support those that were being disturbed as much as the children themselves, whereas where treatment services were provided, children should have been selected that were most likely to benefit from the form of treatment that was provided.

5. PLACEMENT & PROVISION AT AARON SCHOOL

In Aaron Junior school, the housing of the unit within the school buildings has ensured locational integration, and mealtimes and playtimes are shared, providing social integration. However, the placing of children together does not necessarily guarantee that any positive interaction occurs. MacClew & Hodson (1991) discovered that children integrated very little in the playground situation, and that as children got older so the integration became less, and although their research was with handicaps other than behavioural ones, experience within the Aaron school shows similar features.

Rapid changes within the education system dictated at government level meant that the school, situated in a socially deprived neighbourhood found itself in increasing competition for pupils. Prior to Local Management of Schools, the LEA was able to fund the school advantageously in order to compensate for its special needs, but formula funding meant that the school's only method of retaining staff and enhanced facilities was by attracting new pupils. In addition to its already considerable population of children with special educational needs, the school's EBD unit at times caused a disproportionate disruption to school life.

5.1 INTEGRATION OF UNIT CHILDREN AT AARON

The integration policy of Aaron school with regard to functional integration has regard to the following three factors when assessing possible integration of a child into a mainstream class:

a The level of work of the lesson should be such that the child can successfully and comfortably compete with others in the class.

b The relationship between the teacher and the child should be positive and encouraging. Early work on labelling by Rosenthal & Jacobsen (1968) suggested that pupil performance could be dramatically altered by a change in the state of mind of the teachers, though this work was later called into question by Snow (1969) who criticised the methods used rather than conclusions which were later confirmed and reinforced by Baker (1971). He found that positive attitudes and expectations could bring about success. In their research Hegarty & Pocklington (1981) identified positive teacher attitudes as being critical to the acceptance of such special needs children by their peers.

c The work can be adequately structured and defined to allow the child to feel secure, since experience within Aaron school shows that EBD children cope least well in unstructured and ill-defined situations (cf. Galloway et al. 1982).

It is unfortunate that most situations in which there is social integration are full of such unstructured situations, for example, mealtimes and playtimes especially, and these are the sort of occasions with which EBD children have most difficulty. Seemingly unable to make positive productive relationships with other children, they often resort to antagonising other mainstream children by disrupting their games. Sometimes too, because the special needs children are likely to react in some bizarre fashion to the taunts of the less sensible pupils in mainstream, they become the butt of teasing and taunting. This can result in extreme temper tantrums and dangerous fights not conducive to successful social integration. Bennett (1978) claimed that mainstreaming meant all children having an equal shot at mediocre education, not ending segregation and discrimination, but merely camouflaging it. The children suffer from their social interaction with the unit children.

Clark & Cheyne (1979) were of the opinion that some mainstream children were given less attention and therefore lost out on the integration deal, although their studies were for the most part concerned with younger children.

5.2 SCHOOL BEHAVIOUR & DISCIPLINE POLICY

The unit children are usually monitored by the use of Galvin & Singleton (1984), following on from the Educational Psychologist's programme (see Appendix 1). The programme then follows some sort of behaviour modification programme.

The behaviour management characteristic of much work amongst EBD children is defined as:

"a process in which some observable behaviour is changed by the systematic application of techniques based on learning theory and experimental research"

O'Leary & O'Leary (1972)

Behavioural management was seen by Cooper et al (1994) as characterised by defining behaviour clearly, recording frequency and duration of behaviour and setting clear goals. Good behaviour is then positively reinforced. In a school beset with so many behaviour problems and in such a high family stress area as Aaron, the teachers' time was inevitably taken up to a considerable extent by dealing with behavioural problems and with various related counselling issues not just in the unit, but in mainstream too. Behavioural modification on an individual level was a practical impossibility in mainstream classes with a number of children with a variety of behavioural problems.

In Autumn 1992 the combination of having a new Y3 class consisting of a large number of ill-disciplined children and a teacher's ill health led to an almost complete breakdown in discipline for that class, so the necessity of examining discipline policy became urgent.

At this time the County Psychological Service were offering training for staff in Assertive Discipline a system incorporating fairly standard disciplinary techniques, but combined into an effective practical format which was flexible enough to supply the needs of the individual teacher within a whole-school policy. As was seen in the previous chapter on assessment, the psychologist also saw this technique as a significant weapon in the armoury of teaching children with behavioural difficulties how to behave. The system was developed and used in California (Canter & Canter 1976) and later more widely used in USA and Australia. The Assertive Discipline system expresses the following rights' for the teacher;

"1 The right to establish a class structure and routine that will provide the optimal learning environment in the light of the teacher's own strengths and weaknesses.

2 The right to determine and request appropriate behaviour from the students which meet your needs and encourage the positive social & educational development of the child.

3 The right to ask for help from parents, & the principal when you need assistance with a child." (Canter & Canter 1976 p. 2.)

The following are expressed as the rights for the child:

"1 To have a teacher who is in a position to and will help the child limit his inappropriate and disruptive behaviour.

2 To have a teacher who will provide the child with positive support for his appropriate behaviour.

3 To have a teacher who will help the child to know how to behave and know the consequences that will follow."

(Canter & Canter 1976 p.8)

Each teacher was encouraged to develop 5 simple rules for the class and a succession of inevitable disciplinary consequences that would follow for any child who disobeys one or more of the rules more than once. In addition each child was to be positively reinforced for good behaviour with praise, rewards and letters home praising good behaviour.

The system was implemented in the school (Appendix 4) with very good

results. Teachers reported a minimum of disruption in class. The children also welcomed the change. In spite of explanatory letters and several meetings, some parents were slow to be convinced, but they were almost without exception those whom had not come to the meetings. As time progressed, the system became better understood and accepted by even those parents.

CHAPTER 6 RESEARCH PLANNING - METHODOLOGY

A common-sense hypothesis would suggest that the children in Aaron Unit are correctly placed because placement was a result of professional consultation. From the experiences as manager, and in discussion with staff, questions arose as to whether this was in fact the case. Initial reading and research served to confirm the validity of such questions, since it appears that there is uncertainty as to definition, assessment criteria and processes involved in the placement of children with behavioural difficulties. Nationally and locally, there is enquiry into these matters with an escalation in interest since the commencement of this thesis.

From the above, two research questions have emerged;

- 1 Was the behaviour of the children attending the EBD Unit qualitatively or quantitatively worse than the behaviour of children in mainstream classes, and did this have implications as to the placement of unit children?
- 2 Are there clear assessment procedures, and have recent research and DFE advice added clarity to the issue of statementing EBD children?

Levine (1985) in his consideration of the use of various research techniques in education claims that it is often uncritically accepted that that which exists exists in quantity and can be measured (see also LeCompte & Goetze 1982 and Smith 1983). Corrie & Zaklukiewicz (1985) state that research perspectives reflect different sociological models of society but that they are only extremely simplified versions of the highly complex world in which we live. Any science has to devise concepts which simplify the real world that the science is intended to analyse and elucidate.

Hammersley (1985) developed a view from his 1983 research that ethnography is participant observation - the gaining of first hand knowledge of events in a social setting by participation and observation through informal talk with other participants and the collection of relevant documents.

Cotfie and Zaklukiewicz (1985) saw the operation as open ended, yet with broad features of design:

- i Familiarisation with the nature and scope of the area to be studied
- ii Sustained data collection considering any changes in the direction and focus where necessary
- iii Analysis begun and continued during collection of data

iv Final analysis checking inferences, assembling relevant data and coordinating disparate findings under general categories.

This model will serve as the broad design structure of the research:

i Familiarisation of the nature and scope of the area to be studied has already been undertaken since the researcher is involved as manager of Aaron School, and a brief summary of the situation appears at the outset of this research. There are advantages and disadvantages to being this involved. Woods (1979) states that involvement permits an easy entrance into the situation in that it reduces the resistance of the group members and that it allows the investigator to observe the group norms, values, conflicts and pressures. As manager, in the role of headteacher, the investigator is part of those conflicts and pressures. There is a need to combine a personal involvement with a measure of detachment (Hargreaves 1967) though it could be difficult to elicit responses from staff and children that are not coloured by the status of the questioner. The maxim that *'the ethnography of a situation is not for a non-participant to say'* (Hymes et al 1972) may be true, but there are disadvantages in being such a high profile participant observer as the headteacher.

ii Two procedures in current use in Aaron Junior School provided the principal means of data collection for examination.

The first was a recording system associated with the Assertive Discipline scheme described in the previous chapter and the second was the Bristol Social Adjustment Guide (Stott 1974) used by the school's educational psychologist as an indicator for placement of EBD children.

The Assertive Discipline Policy offered a means of comparison of the two groups which had not been available before.

The principal issue arising from experience, reflection and discussion with staff was whether the behaviour of the children attending the EBD Unit was qualitatively or quantitatively different from the children in mainstream classes, and whether this indicated that some children were misplaced either in the unit or mainstream.

The Assertive Discipline system (Canter & Canter 1976) which was operated within classes did not, however, provide a suitable method of comparison of the behaviour of the children for the following reasons:

a) Each teacher was encouraged to devise a set of rules most applicable to the needs of teacher and pupils. These rules varied according to the disciplinary style of the teacher, and the rules devised tended to vary according to the ages of the children. Some staff also preferred a tighter

control of the older children, and others looser control, relying more upon the children's own better developed self-control. Throughout the school, although it was a school-wide policy, the variations were considerable, so did not provide a reliable means of comparison of children's behaviour.

b) Although the system was designed to be most effective when operated quite rigidly, different staff, even if they had similar rules, operated with varying degrees of flexibility. Some preferred to operate the system to ensure a tight control on children throughout the day, whereas others chose to allow a greater degree of freedom for less structured lessons, for example. Thus because of differences in personal choice of method of operation, there was an insufficient basis for comparison of children across the classes.

However, there was a school-wide policy developed for discipline on the playground which offered sufficient scope for comparison, for the following reasons:

a) The rules which were devised were applied to all children equally, regardless of their age, and independent of whether the children were mainstream or unit placements. They were operated during morning and afternoon breaktimes, and during the lunchbreak, including lunch itself.

b) Although the rules were operated by different staff at different times, these were negotiated by all staff and were the same for all children. During breaktimes two teachers at a time were responsible, and during the lunchbreak there were five mid-day assistants and either the head or deputy head in charge. Different members of staff tended to operate the system with some differences in severity, but these applied to all children and therefore did not invalidate comparisons of behaviour across the school.

Children who broke the playground/lunchtime rules were listed in books and the results collated on a weekly basis, those children listed being punished by the denial of the right to extra playtime at the end of the week. (See Appendix 4 for details of the rules.) Although this listing was devised and operated originally only for disciplinary purposes, the lists would provide a useful basis for comparison of children's behaviour for the purposes of research.

These records had been collated from the outset of the operation of the Assertive Discipline scheme, which was effectively two terms - the Summer and Autumn terms. A tally was made for each child of the number of incidents recorded over that period of time, and from these children could be ranked to provide those in the scheme whose names appeared most often as offenders against the rules.

There were 21 such children whose scores stood out as those who offended beyond the average band. This list appears as Table 1.

This table was then split into two in order to compare the two terms during which the scheme had operated. This appears as Table 2, where children were ranked by the number of incidents of misbehaviour for April-July 1993, and September 1993 January 1994. These two tables provided the means to compare the behaviour of mainstream children against unit children, and children from either or both groups over separate periods of time.

In order to compare children in the classroom situation, the Assertive Discipline system was ineffective because it was operated differently by different teachers. The procedure currently in use in the school for comparison of behaviours by the Educational Psychology Service, especially for unit children, was the Bristol Social Adjustment Guide (Stott 1958, 1974). Originally devised in the 1950s and revised in the 70s, it was a procedure still in use.

At the time that Warnock Committee was establishing its conclusions, two basic instruments were used for behavioural measurement - the Rutter A2 Scale (Rutter 1967) and Stott's BSAG. The former was essentially used to screen children who might be regarded as exhibiting signs of

psychiatric disorder, and the latter was designed to identify those children who might be described in varying degrees as maladjusted. The procedure was criticised by Yule (1976) but has nevertheless been widely accepted and is used still to assess children particularly in a classroom context in relationship with the teacher concerned with the responses. It was chosen for the purposes of this research as being the principal procedure used by the local educational psychologist for purposes of assessment and placement, although it later became clear that it was not being used as a straightforward measurement of maladjustment, nor was it used as a sole indicator of problems.

The mainstream children identified as poorly behaved by their playground behaviour were scored on the BSAG by their current teachers. Those who had been integrated partly or fully were scored by mainstream teachers. The unit children's scores were those representing their behaviour before entry to the unit. Although this meant some of those results were gathered much earlier, to do otherwise would have invalidated the comparison, since their management whilst in the unit was very different from ordinary class management, and many of the factors would either be not applicable, or much modified by the operation of a small unit class of 6 or 7 children.

iii Analysis begun and continued during collection of data:

The children thus scored were compared using Stott's classification and methodology, but also account was taken of the local educational psychologist's methods in order to ascertain whether this gave greater clarity to the assessments.

iv Final analysis, checking inferences, and assembling relevant data and co-ordinating disparate findings under general categories:

This can be seen to have been done in the discussion section of this document. Finally, issues raised by this were examined in the light of recent research and by reference to the latest DFE directives and Code of Practice to discover whether any greater clarity has been provided which will facilitate assessment in the future.

CHAPTER 7 - RESULTS

The results are presented and under four headings:

7.1 Playground Misbehaviour

7.2 Changes in Playground Misbehaviour

7.3 Classroom Behaviour - BSAG

7.1 PLAYGROUND MISBEHAVIOUR

Table 1 in the Appendix gives the rankings of the children with the highest incidence of misbehaviour.

Of the children listed, 10 are mainstream, 7 are unit, two are partly integrated (about 50%) and two are unit children fully integrated and funded into mainstream. The child with the highest rating has an artificially low score on the Table, since because of extreme misconduct, he was excluded from lunchbreaks for two periods, each of about ten school days. If this had not been the case, judging by his average, his rating would have been in excess of 50 and well above other children, including unit children.

MM was suspended for two weeks, which on average would place his number of incidents at about 24, with his ranking at about 13 instead of 16. Across Table 1 there was a fairly even spread of children with unit placements and mainstream children, certainly one would not be able to judge from the number of incidents and the ranking which children were unit and which mainstream. A superficial judgement on this might lead one to conclude that some children were misplaced.

From Table 3 it can be seen that if the mean is taken of the 21 children's scores the result is 29.1.

Mainstream children's mean score was 30.4, whilst unit children's score was 28. A statistical comparison of the mainstream children to the unit children listed gives a p value of 0.593. If playground misbehaviour is any sort of indicator of need for EBD placement, then there is clearly an overlap between the two groups, and no clear distinction between the two. Only 7 unit children appear on the list, because they were selected for their degree of misbehaviour on the playground. If the ten mainstream children had been compared with the whole of the unit group, it would have reduced the mean and would have shown even more mainstream children to have been above it.

7.2 CHANGES IN PLAYGROUND MISBEHAVIOUR OVER 2 TERMS

If the children are compared over two terms, the Spring term results show only 3 children in mainstream above the column mean of the 6 children identified above, but by the second term the remaining 3 had offended sufficiently to bring them into the class of those above the column mean. Of the 4 unit children identified above, three are already above the Spring mean, leaving only one further to be added by the Autumn results.

Most children had more incidents in the second period than the first (15/21), two were equal and 4 improved. None of the children of above average incidence of playground misbehaviour for the sample improved. Of the 6 mainstream children, the average increase was 9 extra incidents, and of the 4 unit children, the average was only 3 extra. The overall average was 4.04 extra incidents, the mean for the 11 mainstream children was 5.6, for unit children 2.16, for integrated children 2.5 and for semi-integrated 2.5.

It would appear from the above results that not only were these 6 mainstream children behaving more extremely than most unit children, but that they were also doing so increasingly often. The other three categories of unit, integrated and partly integrated children were deteriorating slightly in behaviour over the two terms, at an almost uniform rate.

On the other hand, it could be argued that unit children are continually receiving counselling and support to modify their behaviour, and so it should be modified to a greater degree than their mainstream peers. Although their behaviour is not generally improving, it is deteriorating at a lesser rate than their most extreme mainstream peers! Evidence towards this factor will be discussed further in Chapter 9 utilising the Bristol Social Adjustment Score results.

7.3 CLASSROOM MISBEHAVIOUR - BSAG - Appendix Table 4

As seen in Chapter 3, Stott's original intention when he first developed the guide was to provide an overall score for maladjustment by adding all the syndromes scored on the diagnosis sheet, but his later (1970) revision led him to suppose that most children with behaviour difficulties tended to be polarised towards one or other of the aspects of maladjustment, which he called Under-reaction (or Unract) and Over-reaction (or Ovract). It might be supposed that if the children in the sample were polarised to one or the other it would be Ovract, for two reasons:

- a) as reported in Chapter 1, the Aaron unit had developed into one which specialised in handling some of the more difficult over-reacting

children, and since the BSAG was the key indicator used by the psychologist in judging the need and the placement, one could expect the scores for the unit children to be biased accordingly.

b) the nature of the selection of the sample i.e. children who were unable or unwilling to conform to playground rules and sanctions would most likely be over-reacting children, since Stott's syndromes and groupings in that area included children who were impulsive, attention seeking, hyperactive, provocative, aggressive, delinquent, defiant and showing lack of controls.

If one is to compare children with high Unract scores with those with high Ovract scores, the comparison is not simple because there are a different numbers of factors in each section. However, a realistic comparison can be made by reference to Stott's table of percentiles for each scale (Stott 1975 p.31). This method has been utilised in the following sections.

7.3.1 UNRACT SCORES

There were 2 children with high Unract scores - RM who scored 13, putting him in a percentile rank norm of 3 and DT with a score of 12 and a percentile rank norm of 4. These two came 4th and 13th respectively in the total ranking of playground misbehaviour. DT would probably have been higher but for his going home for lunch. It is important to note that he had a high ovract score also i.e. 19 putting him in the 15th percentile rank norm, so he might be expected to show a high number of playground misbehaviours.

RM, however, in spite of his being 4th in the playground misbehaviour, only scored 5 on the Ovract scale of the BSAG (38th percentile rank norm) showing either that his playground behaviour was at variance from his classroom demeanour, or perhaps that his behaviour has become more extreme over the last 12 months, since his BSAG score dates from then. However, if one is to look more specifically at individual unract syndromes, it is interesting that for both children their score is highest for Depression, both scoring 5 (3rd percentile rank norm). Only 2 other children had higher scores on the Unract scale, DD scored 8 for Unforthcomingness and WW 8 for Withdrawal, putting both in the 1st percentile rank norm. Four of these children with extreme scores were in the unit, and 3 also appear on the list of playground misbehaviour except for DD.

The table of Unract scores for the children in this study gives a mean of 4.32, which shows as a percentile rank of between 26 and 32. The table of Ovract scores shows a mean of 15.08 gives a percentile rank of between 9 and 10. The Table of cut-off scores for gauging the degree of severity gives the Unract mean for these children i.e. 4.32 as "mild under-reaction" whereas the mean of 15.08 for Ovract is within the "maladjusted over-reaction" band. This confirms that the children contained in the study are considerably higher in over-reaction than under-reaction, as was suspected, if Stott's analysis is correct.

For each category (mainstream, unit, integrated and semi-integrated) the classification is the same if judged by the mean for each category i.e. all 4 are "mild under-reaction", although the unit and semi-integrated are at the upper limits of the classification.

Some individual children within the categories are more noticeably "maladjusted". One each within the categories scored 7 i.e. "appreciable under-reaction" (6-8) but the unit group included 3 scoring "maladjusted under-reaction" (the 9-14 range) namely DD 9, DT 12 & RM 13 when they might be expected to have higher scores.

So even though high unract scores might not be expected from either the mainstream sample chosen from poor playground behaviour, nor from the unit children mainly thought to be characterised by Ovract children, nevertheless each of the 4 categories of children shows some appreciable scores.

7.3.2 OVRACT SCORES

The table of Ovract scores shows a mean of 15.08, with 14 of the 21 children scoring above this mean. Taking again Stott's cutoff scores for severity, 3 children are categorised as "stable" (0-3), 2 as "mild over-reaction", 1 with "appreciable over-reaction" (8-11) and 16 with "maladjusted over-reaction,

(12-24) and 3 with "severe maladjusted over-reaction" (25+).

All the 3 severe over-reaction cases are within the unit category, as might be expected, but of the 16 maladjusted over-reaction 7 are within the unit, 2 semi integrated and 7 in the mainstream. Indeed all but one of the mainstream are in the maladjusted over-reaction band, and only one integrated child comes into the appreciable over-reaction, the other having no score at all.

7.3.3 TOTAL BSAG SCORES

Comparing the total BSAG scores (column 3 in Table 10) the mean for the whole column is 19.4, with 14 of the 21 coming above that: 4 from mainstream, 1 from semi-integrated, none from the integrated category and 9 from the unit.

The mean of the unit scores recorded is 21.23. Two mainstream children are higher than that mean (KW=24, CW=23), and one semi-integrated child is also (CM=25). The 4 highest scoring children are all from the unit, but below that there are moderately high scores in all 4 categories of children.

A comparison of total scores cannot be made in the same way as with the main Unract and Ovract scores, since Stott's tables do not provide cut-off scores for the degree of severity of the whole. However, they do provide broader bands as follows:

' 0-9	<i>stable</i>
10-19	<i>unsettled</i>
20+	<i>maladjusted'</i>

(Stott 1974 p.21)

Of the "stable" band, none of the mainstream children in the sample achieve that category, nor do either of the semi-integrated. One totally integrated child (ME=0) comes in this band, and 2 unit children (DDI=9, though his other scores put him at 19 and 21; and AH=2).

"Unsettled" children appear in each category: 4 in mainstream, (PB=16, KL=10, AP=16, SC=17), one each in integrated (SN=17) and semi-integrated, (DD=19) and two in the unit (ME=14, RM=18).

"Maladjusted" children (20+ scores) appear in all but the totally integrated category: 4 in mainstream (KW=24, DC=21, JM=21, and CW=23), one in semi-integrated (CM=25) and 9 in the unit (SN=29, DD2=21, JP=25, WW=31, CA=23, DT=31, AN=22, BR=31 and LG=20). Statistically there is no significant difference between the 4 groups with p values for mainstream, semi-integrated, integrated and unit children at 0.60, 0.55, 0.42 and 0.47 respectively. How can there be a measure of maladjustment which claims to be an objective measure and yet fluctuates because of subjective judgement?

The Guide does indicate firstly that the BSAG provides essentially a contemporary assessment of a child's behaviour (Stott 1974) and that strictly speaking it

"records the child's responses to a particular human and physical situation, and notably to a single teacher." p. 8

It may be noted that DD appears 3 times on the BSAG list in Table 5 as DD, DDI and DD2, but the scores are for the same child, though they differ markedly. One explanation is that he was scored at different times and another that the different scores represent his reactions with different people in differing situations. This child was originally placed in the unit, but is now 50% integrated into mainstream. Whilst the comparison of these three sets of scores does not advance the argument concerning comparison of unit and mainstream children, comparison of these scores does shed additional light on the nature of the BSAG scores, which contributes to a greater understanding of the usefulness of the Bristol Guide and what the scores represent.

DD's scores as recorded on Table 5 represented 3 teachers' impressions of DD's adjustment, but only at 2 different times. The most recent (DD), represents his reaction when in an integrated mainstream class in the Juniors, and DDI and DD2 were scores determined by two teachers familiar with him at the time of his assessment for unit placement in 1992. The latter two were completed on the same day, but with very different results. This will be discussed further.

Two other children's results have been included for the benefit of comparison over a period of time and with markedly different scores. For SN the higher result of 29 was her score when being assessed for unit placement, and on this basis she was so placed. However, within a year she was deemed to have made such improvement as to warrant complete integration. In those circumstances she scored 17, still showing some signs of disturbance.

CHAPTER 8 - DISCUSSION

A superficial examination of the two principal criteria employed i.e. playground misbehaviour and the BSAG results apparently shows overlap between mainstream and unit children. This discussion examines the differences and similarities between these groups as measured by these techniques, and critically analyses the use of the criteria and the methodology employed. This is followed by a discussion of issues which arise nationally and locally in the assessment and placement of EBD children and which are currently the subject of much concern and discussion within schools and education authorities.

8.1 PLAYGROUND MISBEHAVIOUR

An analysis of variation between mainstream and unit children showed not much variation between the groups, with $p = 0.593$ as seen in Table 3. The mean of the 10 mainstream children featuring on the table because of their extreme behaviour was 30.4 incidents over two terms. For the 7 unit children the mean was 28 for the same period. The two fully integrated children from the unit had a mean of 26.5 and the two 50% placements 15.5. The mainstream children were clearly misbehaving more than their unit peers, provided that their behaviour was being judged and recorded fairly.

The discipline policy of the school dictated that they should have been, although that does not necessarily mean that it was the case.

There are a number of reasons why these results may be as they are:

1. They may be true results, but the unit children may have behaved better than they might otherwise have done and better than their mainstream peers because part of their programme within the unit is specifically counselling on behavioural issues, and perhaps without this their behaviour might have been much worse. Dawson's research (1980) rated individual counselling as high in effectiveness for treatment both for conduct disorders and mixed conduct/neurotic disorders. This could be sufficient to make considerable differences in scores, and to negate the validity of the results as straight comparisons. The unit programme focuses specifically on behavioural modification by using Galvin & Singleton's (1984) system of management. Scherer (1990) focused on preventative approaches similar to those used within the school, as did Burland (1990) with his positive strategies and survival skills. These methods could be sufficient to make considerable differences in the scores and so negate the validity of the results of straight comparisons.

Although the samples provided by Aaron school were only small, and the periods necessarily short (since the assertive discipline system had only operated over two terms) the results could be taken to show that the

counselling and support that the unit children received accounted for there being little difference in behaviour between the two groups. In other words, the mainstream group's behaviour could be taken as a norm for mainstream children at Aaron, and unit children's behaviour had been reduced to within that norm by the intervention of unit staff.

If this was the case, then it might have been that without this, the unit children might have shown considerably poorer behaviour.

2. Teachers and midday assistants may consciously or unconsciously have made allowances for unit children, since they were well known and recognised as a specific group. This may have led to them being recorded less frequently than mainstream children giving them an artificially low score. There is no evidence to suggest however that this was the case, as those concerned claim that the children were all recorded on an equal footing. However, in a conversation such as occurred, the factor of being a 'participant observer' (Hammersley 1985) as headteacher might have affected the responses given, since staff were effectively being asked 'are you operating the procedures properly?' in which case the likely response would have been affirmative.

3. Over the lunch period, a particular midday assistant was appointed to look after unit children.

This could have affected the results in that since there were 14 unit children supervised by one midday assistant, and the ratio of mainstream children to midday assistants was 1:35, it is possible that the unit children's misbehaviour was more likely to be noticed and recorded. Although this factor would have only applied to lunchbreaks and not to mid-morning and afternoon breaks, the lunch period was an hour, whereas the total of other supervised breaks was only half an hour daily.

In an attempt to shed more light on these factors, particularly 1, the results were collated over two separate and equal periods of time to see if children were improving or not, and whether the unit children exhibited any change that was different from mainstream children. (Table 2)

Both groups (unit and mainstream) showed on average a greater number of offences in the second half than in the first:

Mainstream.....50 for 10 children = mean of 5

Unit.....1 for 7 children = mean 0.14

There might be a number of different reasons for an increase such as: the Summer term may have had fewer indoor playtimes and therefore greater opportunity for playground misbehaviour; or the children may have become more used to the Assertive Discipline regime on the playground and it may be

then have been having less effect. Nevertheless, the situation was much the same for unit children as for mainstream, so still offered a fair means of comparison.

This might therefore lead one to suppose that the hypothesis that the unit children's playground behaviour is being modified by the behavioural modification programme in the unit is a possibility not that their behaviour is improving, but that it is not deteriorating to the same extent as that of their mainstream peers !

If such modification of behaviour is being effective, then it is possible that the length of time that the children have been in the unit is an important factor. All of the unit children who appear on this list were Y4 with the exception of one Y6, who has spent most of his junior years in the unit and is ranked 2 on the table! However, a possible 5 other children in the upper years Y5 and Y6 do not appear in the top 19 at all, although their admission to the unit had been because of over-reacting behaviour. Two children fully integrated into mainstream both appear in the sample of 19, though they were only fully integrated in September, halfway through the sample period. It might appear from these results that for the most part most older unit children were responding positively to counselling and behavioural strategies mentioned above which were having the effect of ameliorating the unit children's behaviour - not that they had not shown no deterioration at

all, but that the deterioration was considerably less than their mainstream peers.

If this is an indication that unit counselling is having a desirable effect, and the total misbehaviours for both groups were broadly similar (mean 30.4, mainstream 28.0 unit), then perhaps this effect is enough to at least over-ride the result of Table 1, and mainstream children's misbehaviour being worse than unit children's could be of no significance.

Therefore, even if playground misbehaviour were to be indicative of need for unit placement, the case is largely unproven. Indeed, reference to the Educational Psychologist's report of her methods, (Appendix 1) children were more likely to be signalled to be in need of a place if unract symptoms were present, and playground behaviour such as that recorded would seem to be more likely to correlate with ovract.

8.2 PLAYGROUND MISBEHAVIOUR CORRELATION TO BSAG

In order to test this, the correlation was calculated in Table 7, which showed a correlation coefficient of 0.069 between the total scores for playground misbehaviour and the ovract BSAG scores. A calculation was also done to compare the children's playground behaviour with the BSAG total scores, the result being 0.042 - Table 7a. The scatter diagram for each showed a random result, with no real connection in either case.

This might be taken to mean that if the BSAG is any sort of indicator of EBD, then playground behaviour measurement such as was done is not. Alternatively, neither may have been an effective measure.

8.3 BSAG RESULTS AND METHODS

As mentioned in the planning section, the only measurement of EBD that the school's educational psychologist was known regularly to use was Stott's Bristol Social Adjustment Guides (1963, 1974). There are those who discount the use of such procedures as BSAG, claiming that with no clear definition of maladjustment, measurement must be fraught with difficulty, and that checklists such as BSAG and Rutter's IOW list (Rutter 1967) are loose and subjective, with answers depending on the framing of the questions (Scherer et al 1990). Rutter himself criticizes BSAG as being influenced by the theoretical assumptions that it seeks to assess, but as he sensibly concludes, inevitably to some extent all lists will be influenced by the author's implicit and explicit assumptions (Rutter et al 1970). But in spite of these criticisms and Stott's original research being now so dated, it is still upheld as recently as 1993 by Harris et al (1993) who claim that such lists can provide an economical, valid and reliable method of collecting data as an assessment of a child's problem and by Rennie as a valid means of monitoring behavioural change (Rennie 1993). Rutter (op cit) does, however, warn that repeated use for

comparative purposes should be done by the same teacher, and this has been borne out by the Aaron research in the completely disparate results for DD (see Table 5).

The fact commented on earlier that one child could have very different results though measured at the same time by different people points to the case that behaviour is usually a response to an interpersonal situation, or reaction to the classroom placement. The DD score of 19 was compiled by the mainstream teacher in his 50% placement. The two other scores of 9 and 21 were scored earlier at the time of assessment for unit placement but were compiled by two different teachers concurrently who were teaching him. This bears out Rutter's (op cit) warning about use for comparative purposes. Although this applies to the use of BSAG, it is not so much indicative of Stott's guide as the nature of children with EBD, or indeed any child's behaviour. It is clear from experience and Stott's research (1974) that it is interpersonal, and children react differently to being treated or regarded differently. Changes over time can, of course be expected, since behaviour is a factor of the child's developmental stage, factors within and without the child which may change, and the combination of these interacting factors. Research has shown that a child may be able to cope with emotional difficulties in one or more areas of his life, but that there might come a point where a further area of difficulty tips the balance (Galloway 1987) and causes a reaction which shows in EBD.

Notable also from Table 5 are ME's scores. He was assessed for the unit when at the age of 7 he went home to be the first to discover his father had hanged himself from the banisters. At that time he scored 13 for overreact BSAG, classified by Stott as 'maladjusted over-reaction' in the 1970 revision. Nearly 4 years later he scores zero across the whole BSAG table - a 'stable' child. Although it has been noted that scores vary according to the teacher, and may show some spontaneous remission (Topping 1983), it is also probable that much of the improvement was due to the counselling and intervention of the unit staff. This might add weight to the argument earlier in this chapter suggesting that unit children's behaviour might be ameliorated by staff intervention and counselling.

8.4 LOCAL ASSESSMENT

Perhaps it should not be surprising that playground misbehaviour does not correlate with unit placement, since experience within the school showed that children poorly behaved in unstructured situations such as the playground are nevertheless capable of responding well to the firm consistent discipline that is more likely to be found in the classroom. This is borne out by research such as Dawson's (1980) which showed that discipline was effective for conduct disorders, though less effective for neurotic disorder.

However, it might be more surprising to discover that the BSAG results are not clearly indicative of which children are placed in the unit. The BSAG results showed 4 mainstream children to be "unsettled" and 4 to be "maladjusted", with scores above some children with unit placement. This can be explained by inconsistency in presenting children for assessment, inconsistent operation of the process of assessment, or lack of any clear process or set of criteria. There might also be additional factors at work such as availability of places, or pressure from other schools to admit children with lesser problems than those exhibited by Aaron children.

8.4.1 THE REFERRAL PROCESS

Research such as McCall's (1991 and McCall & Farrell 1993) has shown inconsistency nationally on the statementing process, but there must also be inconsistency within schools as to whether children are presented for statementing or not. This may be at any stage of the 5-stage process, and is probably more applicable to EBD than to other special needs.

Because of the transient and changing needs of such children, sometimes they are not considered as special needs children but rather as children in need of discipline. Galloway (1985) states that concentrating on younger pupils may be of limited value for EBD children, because there is no reliable way of identifying pupils who will disturb their teachers later in

their school careers. The school has to make the initial decision whether to refer children for any kind of special needs help, and this decision whether to refer or not may depend upon the class teacher, as to how much disturbance is caused in the class by a child, and how much can be tolerated.

Woolfe (1981) claimed maladjustment to be best understood in a social context. Richman et al (1982) showed children's disturbance to be highly variable as to social context by examining 94 disturbed children who showed no sign of it 5 years later. Topping also refers to spontaneous remission, so the presence or absence of certain factors need not necessarily demand action (Topping 1983).

There are probably examples within the study's sample of mainstream children though that show that decisions are made which are based upon the social context, in that children who might otherwise have been statemented for places in the unit have not been so placed because of clear and effective intervention by the school in other ways. Notably that those mainstream children who would be most likely to qualify for places in the unit are placed at the time of the research with the teacher who is most skilled in sensitive behaviour modification within the classroom. It could, of course, be argued that this is merely good management of those children, but it does also raise the question of whether they might have been better helped with a unit placement, and whether when they change classes a different assessment of their placement might be necessary.

In the sample of mainstream behaviour problems under consideration, chosen because of playground misbehaviour, all have at some time been considered by the educational psychologist for behavioural problems, but none had been adjudged suitable for unit placement at the time of collection of the results. However, since the results were compiled, MM has been the subject of two temporary suspensions, and two permanent suspensions! After the first 'permanent' suspension he was reinstated because there was no room for him in other schools, and after the second, he was given a temporary supernumerary place in the unit as part of the statementing assessment and has now been statemented EBD.

8.4.2 THE LOCAL STATEMENTING PROCESS

Reference has been made by McCall & Farrell (1993) as to how little has been written about the actual process used by educational psychologists in the assessment of EBD children. Although Aaron school has been under the same psychologist and has worked with the author as head of the school for a number of years, the declaration of the process (Appendix. 1) has only just been divulged in order to inform this research. The process mentions towards the end, initiatives which the psychologist suggests to facilitate behaviour management which have been introduced to Aaron school such as adults being given more management skills, and provision of Assertive Discipline Training. Reference is also made to the use of the BSAG (Stott

1976), but it may be noted that the psychologist recommends an unorthodox use of this, not made wholly explicit - "discerning patterns that produce certain outcomes". She suggests that under-reaction (unract) clusters are the most urgent cases demanding of immediate intervention.

UNDER-REACTION CASES

With this criterion in mind, referring back to the BSAG scores for the Aaron sample, it was noted in 7.3 that for the most part, the sample showed comparatively little under-reaction. It was explained that for mainstream children those 'selected' were likely to be over-reactors because they were selected by playground misbehaviour which tends to over-reaction, and that the unit tended to specialise also in such children. However, it was also noted that two children scored high in unract - RM with 13 putting him in 3rd percentile rank, and DT with 12 and a 4th percentile rank. This puts both these children at the higher end of "maladjusted under-reaction". Both these children have been placed within the unit having been assessed whilst in year 3 of Aaron's mainstream. This would seem to suggest they are accurately placed according to the psychologist's criteria. If they had been from other schools and diagnosed as in need of a unit, they might not have been selected for Aaron's, because of its specialism in ovract, but the overriding policy is to use the unit as far as possible for local children, for reasons explained previously. Three other children have scores of 7, KW, DD & SN, putting them in the 16th percentile rank, or 14th for SN since she is a girl. These scores give them appreciable

'under-reaction' status. DD & SN have both been assessed from Aaron's mainstream, have had places in the unit and are now partially and fully integrated respectively. They therefore received some intervention as might be expected, from the psychologist's criteria on under-reaction. But KH, although he has been the subject of a referral and appears as 11th on playground misbehaviour rankings has not been suggested as a candidate for the unit, although he has scores for withdrawal, depression and hostility which is suggested by the psychologist as a cluster. He is, interestingly, one of the children who was with a particularly skilled teacher at the time. This was referred to in the last paragraph of 8.1.1 above on the social context of placement, and relates also to the psychologist's comment that *"many behaviour problems are down to the way children are managed"*.

Also in that class, although not showing appreciable unract scoring, (4), it may be noted that PB has a high hostility rating at 8, which if taken with lower scores for depression and withdrawal may need attention. He has been referred but no action was recommended.

No other children in the sample show any appreciable under-reaction. It would seem that the psychologist's criterion with regard to unract has been effectively applied in 2 cases of 3, and that the 3rd may need further consideration when he has moved from his present class.

With regard to those children who were placed within the unit, although the educational psychologist seems to suggest that high unract scores give more cause for concern than ovract, only two of the unit children were "maladjusted" within the unract scores (RH & DT) and three were "mildly maladjusted" (JP, WW & LG).

OVER REACTION SCORES

All of the unit children were at least mildly maladjusted on their ovract scores. The criteria for recognising and implementing appropriate action is much less explicit for this area. The results section 7.4 shows 2 children with "mild over-reaction", 1 with "appreciable over-reaction", 16 with "maladjusted over-reaction" and 3 with "severe maladjusted over-reaction". These latter are statemented unit children, but 7 of the "maladjusted" are in mainstream, i.e. all but one of the mainstream sample. One has been permanently excluded since the sample was taken (CW), and he was 2nd highest on the ovract ranking.

The psychologist's guidance suggests the use of Galvin & Singleton (1984) as a means to focus on the area of difficulty, especially if not using Assertive Discipline. This of course is being used, and it has been of help in the management of such children, but there does still appear to be a need for more intervention and a closer examination of what precise

criteria are to be used to signal action, and what degree of severity of the problems might be an appropriate trigger. Does the long-awaited DFE guidance help?

8.5 THE DECISION-MAKING PROCESS

In addition to the issues already raised as which children are referred, what criteria are used and what methods might be employed by educational psychologists, there remains at least one other important factor. It has already been proposed that the debate about criteria has largely been driven by the availability of resources and the need to limit expenditure on special needs. Within Aaron school and its administrative district, the main provision for EBD children is within school-based units, of which there are a limited number. Other administrative districts argue that these units provide for more statemented children than in their areas, but the evidence of this research would seem to show that there is insufficient provision if Aaron's pattern is replicated in other schools, which it may not be.

The educational psychologist maintains that the availability of places is not a factor in deciding whether to statement a child, and when pressed as to the implications of this stated that when units were first established locally

her private research showed the number of places available to be approximately right. In view of the fact that recent published research shows that there are an increasing number of referrals, especially for EBD children (Peagram 1991, DFE 1992, Davidson 1988), that would suggest that there might now be insufficient places, which would inevitably mean that the availability of places must be an issue in deciding whether to statement children.

Rabinowitz (1992), in his examination of the educational psychologist's role, citing Booker (1991) saw problems in unravelling whether the profession was working for the child, the school or the LEA, with advice having more to do with a knowledge of LEA financing possibilities than with the needs of the child.

Mongon's (1984) research on the classification process had even then identified that conflict and a variety of institutional and administrative arrangements affected the rate of referral far more than was usually recognised. The Aaron local educational psychologist admitted that availability of places might 'subconsciously affect decisions' but denied that it was a significant factor, though with a static number of places and an increasing referral rate as shown above, it is difficult to see how this denial can be substantiated.

The decision-making process is necessarily complex, and would even be so if there were to be clearly defined criteria and limits. Sewell (1981) writing about the initiation of the referral process with the 1981 Act claimed that the process focussed on the needs of the child, but allowed the needs of heads, teachers and psychologists to be hidden, and that none of those present can be trusted to be impartial. If that was so at the time of writing, how much more so with Local Management of Schools, funding being withdrawn for excluded children, and the competition between schools in the market all referred to in this study. Tizzard (1990) cites the danger of a political model, disguised as decision-making and Schaffer(1990) comments that

"It may be comforting to think of decision making as a thoughtful, deliberate intellectually guided exercise, in which our general knowledge of human nature is systematically applied to the specific needs of the individual case. In reality, the influences shaping particular decisions are by no means always rational, or even within conscious awareness." p.121

Central to the decision-making process is the educational psychologist, some of whose work has been examined above, but Armstrong et al (1993) warn that the role of the psychologist is ambiguous as it becomes bureaucratised as gatekeeper of resources and the focus of conflicts between competing interests.

8.6 DFE ADVICE - A CONTINUUM OF NEED?

DFE GUIDANCE AS TO CRITERIA - A WAY AHEAD?

The DFE proposed to issue Guidelines as part of the Code of Practice on the Identification & Assessment of Special Educational Needs (DFE 1994), but the long-awaited criteria are not strictly specific, though a number of examples of such behaviour are listed.

" The LEA should seek clear recorded evidence of both the child's academic attainment and the nature of his or her emotional and behavioural difficulties, asking, for example, whether..... " p. 59

The document then provides a list of examples:

- discrepancy between cognitive ability and expectations, measured or assessed
- the child is unusually withdrawn, lacks confidence or is unable to relate, impaired social interaction or communication or significantly restricted repertoire of activities or interests
- irregular attendance
- obsessional eating habits
- substance or alcohol abuse

- unpredictable, bizarre, obsessive, violent or severely disruptive behaviour over at least a term's observation
- bullying or bullied, neglected or abused
- mental or physical problems which might indicate neurological impairment, epilepsy or other physical cause.

The school and others are expected to have explored all reasonable courses of action, and then decisions are to be made on the basis of the balance of evidence presented assessing whether the child's emotional and behavioural difficulties:

"- are significant and/or complex

-have not responded to relevant and purposeful measures taken by the school and external specialists may call for special educational provision which cannot reasonably be provided within the resources normally available to mainstream schools in that area." p.60

These might seem at first sight to be useful and to address many of the issues, but they still do not, or maybe cannot say how significant or complex the difficulties have to be before the class teacher may expect intervention, or how reasonable the courses of action are to be before action is taken.

The DFE have now issued a package of six circulars on 'Pupils with problems' one of which is 'The Education of Children with EBD' (DFE/Department of Health 1994a) replacing Circular 23/89. It was forecast in the Code of Practice (DFE 1994) that it would include a continuum of emotional difficulties, so there was hope that it might be of further assistance.

A tempting strategy for establishing an effective measure of special educational needs spending on statemented children is to do as has been done with one local authority's specific learning difficulties, i.e. to establish a continuum of need and then to posit a cut-off point which can be positioned to suit budget proposals, or to match Warnock's 2% suggestion (Cheshire 1990,1994).

This approach seems also to have been postulated in the circular 9/94 (DFE/DOH 1994) and in the related Code of Practice (DFE 1994) since both documents stated that children with EBD were on a continuum.

The Code mentioned 'a continuum of difficulty' but referred to the circular for development of the concept:

"(EBD children's) problems are clearer and greater than sporadic naughtiness or moodiness, yet not so great as to be classed as mental illness" p.4

The circular continued by explaining that there may be withdrawn, depressive, aggressive or self-injurious tendencies, and that judgement of whether to classify a child as EBD would depend on frequency, persistence, severity, abnormality or cumulative effect. There seems no possibility of constructing any meaningful continuum out of such a disparate collection of behavioural characteristics. Hegarty (1993) also raised the issue that for many children EBD was of a temporary and variable nature which would affect the possibility of placing a child at any fixed point along a scale, and the possibility of spontaneous remission has already been mentioned (Topping 1983). Later explanation in the circular defined the continuum as being *"between behaviour which challenges teachers but is within normal, albeit unacceptable bounds, and that which is indicative of serious mental illness"* (p.7). It may be inferred from this that the continuum was one of challenge to the teacher, except that further 'clarification' cited examples which were not necessarily challenging, such as *'low self-image, anxiety, depression or withdrawal'*, which although challenging for the teacher to draw out sufficient response for a healthy teaching dialogue, was not challenging in the same way as defiance, disruptiveness, aggression or violence.

If there were no clear or practical method of constructing a continuum of behaviour, because the behaviours were so variable and disparate, nor one

of challenge to the teacher for similar reasons, could the concept of a continuum of learning difficulty be upheld for EBD children in any meaningful way?

Circular 1/83 (HMSO 1993) states that

'assessment of SEN is not an end in itself, but a means of arriving at a better understanding of a child's learning difficulties for the practical purposes, of providing a guide to his education and a basis against which to measure his progress'. p.2

Galloway's (1985) opinion was that there were no satisfactory criteria to distinguish those children who disturbed, nor for those requiring special education as a result, but that the curriculum should be the starting point for assessment. He recommended that by looking at the failure that such children were experiencing and by addressing that, teachers and psychologists could significantly advance self-esteem and thereby remedy most of the behaviour problems as well as the learning ones.

Dawson's (1980) earlier work had provided some basis for this assertion, since in his work on specific provision for pupils with neurotic or conduct disorders, he rated high amongst his recommendations the improvement of self-image through success. This in turn had reinforced Rutter et al's (1979) conclusion from secondary pupils that when work was properly planned, explained, supported and differentiated, then behaviour problems were at least diminished.

The circular 1/83 (1983) suggested that at least in some children the behavioural difficulties could be the cause rather than the effect, that they might be *"persistent, and constitute learning difficulties"* (p.7), and

"in terms of the legislation, (children) have learning difficulties because they are facing barriers which cause them to have significantly greater difficulty in learning than most of their peers"

(p.8).

Indeed the same paragraph advances the idea that *"other children's EBD may have given rise to their learning difficulties by impeding access to the curriculum"* raising the interesting suggestion that a child might be referred for educational failure due to another child's EBD!

In terms of a continuum of learning difficulty, the circular contains no information. Since, as has been seen, the Code of Practice refers the reader to the circular for elucidation of the concept of the continuum, so progress from this point is unclear. However, the Code of Practice does stress within the section on EBD assessment, in addition to the variety of behavioural difficulties that children might have need of provision if

"there is significant discrepancy between, on the one hand the child's cognitive ability and expectations of the child as assessed by teachers, parents and others directly concerned supported as appropriate by appropriately administered standardised tests and, on the other hand,

the child's academic attainment as measured by National Curriculum assessments and teachers' own recorded assessment of the child classroom work, including any portfolio of the child's work compiled to illustrate his progress.' (p.59)

An interesting cross-reference to the section of the Code devoted to the assessment criteria for Learning Difficulties instructs that:

'the LEA should ask for example whether' in addition to a number of aspects of deficiencies in academic attainment... *'there is evidence of significant EBD.'* (p.55)

so there is the suggestion that assessment of EBD will include the significant factor of learning difficulty as expressed by the discrepancy between adult expectation and realised achievement, and at the same time the assessment of Learning Difficulty as a specific disability should include evidence collected of any *'significant EBD'*. Hegarty (1993) in his work on the integration of children with EBD saw this link between EBD and Learning Difficulties to be a key difficulty in assessment and placement, often without any clear indication of where the causative factor of problems lay - were there EBD because of Learning Difficulties, or Learning Difficulties because of EBD?

'The critical question for LEAs will be whether there is convincing evidence that, despite the school, with the help of external specialists, taking relevant and purposeful action to meet a child's learning difficulties, those difficulties remain, or have not been remedied sufficiently and may require the LEA to determine the child's special educational provision? ' p.56

What part too does the availability of resources play in this; and if there are nationally accepted criteria, is there to be national equality of provision?

8.7 LOCAL PROGRESS ON CRITERIA

Following on from the educational psychologist's statement of her method of assessment (Appendix 1) referred to before, the authority produced a draft document on the assessment of EBD children (Cheshire 1995). This statement (Appendix 3) appears to suggest that when a child is found to have difficulties which might either be attributed to learning difficulties or behavioural difficulties, EBD provision will be targeted on the latter. Although this might be justifiable, there remains the uncertainty referred to above as to which came first, the educational difficulty or the emotional disturbance.

Provision is to be reserved for those with educational and behavioural difficulties preventing them from meeting mainstream expectations; those who also show significant discrepancy between ability and attainment; and those who are either unusually withdrawn or significantly disruptive. There is a rider that if a child does not show a discrepancy between ability and attainment, his educational and behavioural difficulties must prevent their academic progress or that of other pupils.

In the quest for clear standardised criteria, this document adds little to the national picture, and indeed is much less detailed. At its heart lies the statement that:

“It (provision) will be reserved for those judged unable to thrive educationally without additional help beyond that currently available to mainstream primary and secondary school” p56

Since the judgement will be made by different psychologists and other professionals, the extent to which a child might be expected to thrive must vary and the additional help currently available will vary under LMS from school to school, the document adds very little.

CHAPTER 9 - CONCLUSION

This research started with a quest for knowledge about the practice and procedures used for determining the placement of EBD children with the suspicion that within the school there was no clear delineation drawn between those in the unit and some in mainstream. The methods used for the research were based on the knowledge that the BSAG was the main method apparently used by the educational psychologist, and the behaviour of the children as measured in the playground was used as the best measure of behaviour in an apparently standardised situation. These methods were less successful than they might have been, but did reinforce the suspicion that no clear method is being used either for presenting children for assessment or for the assessment itself. There were children whose behaviour was shown in an unstructured situation to be more extreme than some unit children's, perhaps because the unit children were having their behaviour effectively modified by the unit programme. However, playground behaviour is not necessarily indicative of need for EBD unit placement since a key element is a child's success or failure emotionally and academically in the classroom.

Of greater concern were the BSAG scores, since if they were an effective measure of maladjustment or EBD, they showed some mainstream children to be well within the bands that one might expect would need special provision.

If the school were not using effective criteria for the assessment of its children, were better methods being used elsewhere? It was tempting to imagine that there might be a clear standard of measurement which could be standardised across different schools and authorities. Reference to recent research seemed to show the national picture to be no better, but that the matter was being addressed nationally by the publication of the Code of Practice, and locally by LEAs in their search for a consistent measurement which could be employed to give a fair distribution of its limited resources to schools.

This had already been achieved in some areas of special need, but still need clarification for the EBD sector. However, although the Code of Practice gave useful advice and recommended some workable procedures, it still left the final decision to be made by the LEA in the light of all the information gathered. The local advice, still in draft form, added little to the national picture, stating that provision will be reserved for those 'unable to thrive educationally' without the extra help.

So as yet there is no reliable standard criteria for the recognition of EBD children, in spite of all the research and national and local initiatives; but could there ever be? An examination of the concept of maladjustment/EBD has shown a wide variety of different behavioural difficulties, any one of

which may be present to a greater or lesser extent, separately or in combination with any others in different degrees. Any or all of these might change over time as a result of conditions or maturation within the child, or in changing home circumstances or conditions, or new expectations at school. Add to this the educational perspective of whether the child might be emotionally disturbed by educational failure, or educationally failing because of emotional disturbance and the picture is increasingly complex. Perhaps researchers' expectations are still coloured by early theories that maladjustment was a medical or clinical condition and therefore somehow susceptible to objective measurement, in spite of Rutter's (1965) assertion to the contrary.

The Code of Practice, after examination to see whether everything that could be done within the school's normal resources has been done suggests provision for those who have not responded to the relevant and purposeful measures taken closely akin to the LEA draft recommendation of provision for those *'unable to thrive educationally'* without the additional help.

Much of the discussion has been prompted by limited resources. If Aaron School had more unit places many of the children currently in mainstream would have been given the extra unit resources. Within the school,

within the LEA, and nationally there are limited resources. There remain vital questions as to the strategic distribution of these for children with emotional and behavioural difficulties.

APPENDIX 1

AARON'S PSYCHOLOGIST'S STRATEGY FOR ASSESSING BEHAVIOUR PROBLEMS

The following is an unpublished report on the psychologist's strategy for dealing with referred behaviour problems with school children in Aaron's area:

"The school/headteacher/class teacher wishes to talk about a child with behaviour problem, and is encouraged by the Educational Psychologist (E.P.) to talk about the problem. E.P. seeks to elicit who has the problem?

Is it a problem :

- * for the teacher?
- * for the child?
- * for other children in the class?

E.P. asks questions to elicit responses regarding the nature of the child's interactions with others e.g. are other children distracted or made anxious by this child?

Most headteachers or classteachers are unable to answer such questions, so at this point the BSAG is used

- not as described in the manual

- used to discern patterns that produce a probability of certain outcomes.

Over many years use I have discerned patterns that produce the probability of certain outcomes.

1. If there is no obvious pattern, in 90% of cases the problem is not within the child, but

- teacher

- parent

- person describing the problems

so there is a need to go back to tap the 'source'

2. If there are clear clusters on the OVRACT side:

- ask teacher to complete logging of Galvin & Singleton (1984). It is often found that whilst they are busy doing this they are stopping negatively reinforcing the child!

Galvin & Singleton gives focus to the area of difficulty, especially if the school are not doing Assertive Discipline.

From the patterns coming from Galvin & Singleton (1984) a programme is planned. This is still part of the consultancy, and the child is still not seen at his stage.

3. If there are clear clusters on the UNRACT side:

- if in the first cluster, then it is suggested that the school gives the child space not to have to be in a group. Other children should enter this space only at the invitation of the child. There is nothing wrong with him, and staff are advised to that effect.
- any child showing withdrawal/depression, or hostile patterns, there is a need for direct work with the child immediately, to elicit why the child is so unhappy, so untrusting or so lacking in self-esteem.

E.P. also seeks further information from others as to what sort of things make the child feel sad, or uncomfortable, or happy, and who the people are with whom they feel safe and comfortable.

Direct approach depends on age, relying on drawing, sand/water/plasticine etc. for the younger children games, with no emphasis on verbal skills, and nondirective counselling for adolescents, noting the areas with which they express concern.

At this point the E.P. would give advice to staff on intervention, but not quoting back what the child does or says.

e.g. a child on the point of permanent exclusion (not from Aaron school). Has the child any control? It was clear in this example that the child was choosing which staff to 'let fly' with, and not choosing the 'macho types'. The child had poor self-esteem and felt he spent a lot of time being made to feel

that way. The main objective was to remove the child from mainstream. He needed a lot of positives towards not losing control.

After 2 sessions he realised that being thrown out was not a good idea, and through direct work E.P was able to identify those aspects or areas where he felt comfortable. The school was asked to integrate him into those areas with the staff with whom he felt most positive. Normal report systems were scrubbed and he was given a weekly report back of what he had achieved. then E.P. worked with staff on the next target, getting lower each time.

The E. P . 's main theory or model of behaviour for direct work is Rogerian with a heavy dose of Maslow.

- most 'behaviour problems' are down to the way that children are managed.
- adults fail to manage children positively.
- all management issues with children are an issue of power .
- the more self-controlled member of the power relationship can operate that relationship positively.
- adults should be given more management skills (Assertive Discipline.)

There is no mileage in dealing with feelings when they feel powerless. They should be given the tools, then feelings will change anyway .

A GROUPING OF SYMPTOMS WHICH MAY BE INDICATIVE OF MALADJUSTMENT

1 NERVOUS DISORDERS:

Fears – anxiety, phobias, timidity, over-sensitivity.
Withdrawal – unsociability, solitariness.
Depression – brooding, melancholy periods.
Excitability – over-activity.
Apathy – lethargy, unresponsiveness, no interests.
Obsessions – rituals and compulsions.
Hysterical fits, loss of memory.

2 HABIT DISORDERS:

Speech – stammering, speech defects.
Sleep – night terrors, sleep-walking or talking.
Movement – twitching, rocking, head-banging, nail-biting.
Feeding – food fads, nervous vomiting, indiscriminate eating.
Excretion – incontinence of urine and faeces.
Nervous pains and paralysis – headaches, deafness, etc.
Physical symptoms – asthma and other allergic conditions.

3 BEHAVIOUR DISORDERS:

Unmanageableness – defiance, disobedience, refusal to go to school or work.
Temper.
Aggressiveness – bullying, destructiveness, cruelty.
Jealous behaviour.
Demands for attention.
Stealing and begging.
Lying and romancing.
Truancy – wandering, staying out late.
Sex difficulties – masturbation, sex play, homosexuality.

4 ORGANIC DISORDERS:– Conditions following head injuries, encephalitis or cerebral tumours; epilepsy, chorea.

5 PSYCHOTIC DISORDERS: – Hallucinations, delusions, extreme withdrawal, bizarre symptoms, violence.

6 EDUCATIONAL AND VOCATIONAL DIFFICULTIES:

Backwardness not accounted for by dullness.
Dislikes connected with subjects or people.
Unusual response to school discipline.
Inability to concentrate.
Inability to keep jobs.

7 UNCLASSIFIED.

APPENDIX 2 – THE UNDERWOOD REPORT SYMPTOMS OF MALADJUSTMENT

CRITERIA FOR ASSESSMENT OF EBD PROVISION

This provision will be targetted on children who experience significant difficulties in coping with the behavioural, social and emotional demands of mainstream class and an absence of major learning difficulties. (It is acknowledged that some children may have both EBD and MLD and, where behaviour is the main cause for concern, consideration should be given EBD provision.) This may consist of additional support in mainstream, placement in a special class attached to a mainstream school, or in special school (day/residential). It will be reserved for those judged unable to thrive educationally without additional help beyond that currently available to mainstream primary or secondary school.

In line with the criteria for statutory assessment, there should be documented evidence that the school has made particular efforts over time to meet the children's needs.

There should also be evidence of the following:

1. The pupil's educational and behavioural difficulties prevent them from meeting the emotional, social and behavioural expectations of a mainstream school environment. (Where pupils with emotional and behavioural difficulties also have learning difficulties, there should be clear evidence that the curriculum has been differentiated to match their level of ability and appropriate learning support provided.)
2. There is a significant discrepancy between the pupil's cognitive ability and their academic attainments. (Where the pupil does not have a discrepancy between cognitive ability and attainment, his/her educational and behavioural difficulties must prevent their academic progress or that of other pupils.)
3. Transfer to segregated provision will not normally be considered unless the following are also in evidence:

The pupil is unusually withdrawn, lacks confidence and is unable to form purposeful relationships with adults and peers.

AND/OR

The pupil disrupts the education of other pupils in school, for example, by physical/verbal aggression towards pupils and staff.

APPENDIX 3

medap3/mhw/95

ASSERTIVE DISCIPLINE

Aaron Junior school, along with some other local schools operates a policy which is designed to make sure that children learn effectively without having the distraction of other children misbehaving around them. This is done by encouraging and rewarding children who behave well, and having a series of punishments for those who cause any trouble. In such a system, children have been shown to work much more happily.

The 5 simple class rules are these:

Do as you are told the first time
Keep your hands & feet and objects to yourself
Move around safely
No swearing, teasing, name-calling or threatening
Look after property in school

A child who misbehaves on the playground or in the dining hall will have his or her name put in a book and will be sent to stand by the wall for a short time. If that happens twice in a day, then will have a playtime detention.

Children whose names are not in the book will have rewards in class, maybe extra housepoints.

Each new day starts afresh, except that if a child needs to be kept in, parents are given notice in advance of the child being kept in the following day. Experience has shown that most children easily follow the rules and are rarely punished at all.

For the following situations a child will bring a letter home to warn that he will be kept in for 30 minutes the following day:.

Fighting, verbal or physical abuse to another child
Stealing

For serious offences, the child will be suspended for 5 days. We may be able to do this in school, ie. the child will be kept working on his or her own for those days.

Physical attack on a member of staff
Verbal abuse or threats to staff
Running out of school or away from a trip
Causing serious physical harm to another pupil
Putting himself or others in serious danger

APPENDIX 4

RANKINGS OF PLAYGROUND MISBEHAVIOUR
TOTALS APRIL 93-FEBRUARY 94

Initials Unit/Mainstream	Ranking	No of incidents	
JM	1	46*	M
WW	2	43	U
DC	3	40	M
RM	4	35	U
AP	5	34	M
CA	6	32	U
SC	6	32	M
CW	8	31	M
ME	9	30	Fully integrated
KH	9	30	M
LG	11	29	U
KL	12	27	M
DT	13	24	U
SN	14	23	Fully integrated
MM	15	22	M
KW	16	21	M
PB	17	21	M
JP	18	19	U
CM	18	19	50% integrated
AN	20	14	U
DD	21	12	50% integrated

*This child was excluded for 2 weeks lunchtimes,
so it is likely that there would have been more incidents.

Mean number of incidents for Mainstream = 30.4
Mean number of incidents for Unit = 28.0

TABLE 1

med1 / MHW / 94

PLAYGROUND MISBEHAVIOUR SPLIT BY TERMS

Initials	April- July 93	Ranking	Sept 93- Jan 94	Difference	Unit/Mainstream
JM	21	1	25	+4	M
WW	20	2	23	+3	U
RM	17	3	17	=	U
CA	15	4	17	+2	U
ME	15	4	15	=	Integrated
DC	13	6	27	+14	M
SC	13	6	19	+6	M
AN	13	6	1	-12	U
MM	12	9	10	-10	M
KL	12	9	15	+3	M
DD	12	9	0	-12	50%
DT	11	12	13	+2	U
LG	11	12	18	+7	U
CW	11	12	20	+9	M
KH	11	12	19	+8	M
KW	11	12	10	-1	M
AP	10	17	24	+14	M
JP	10	18	9	-1	U
SN	9	19	14	+5	Integrated
PB	9	19	12	+3	M
CM	7	21	12	+12	50%

Mean increase for Mainstream = +5

Mean increase for Unit = +0.14

TABLE 2

STATISTICAL COMPARISON OF INCIDENTS IN PLAYGROUND MISBEHAVIOUR

MAINSTREAM				
Initials	Incidents	Spring 94	Autumn 94	Difference
JM	46*	21*	25*	+4
DC	40*	13*	27*	+14
AP	34*	10	24*	+14
SC	32*	13*	19*	+6
CW	31*	11	20*	+9
KH	30*	11	19*	+8
KL	27	12	15	+3
MM	22	12	10	-2
KW	21	11	10	-1
PB	21	9	12	+3
Mean	30.4			
StandardDeviation	8.235			
p value	0.593			
UNIT				
WW	43*	20*	23*	+3
RM	34*	17*	17*	=
CA	32*	15*	17*	+2
LG	29*	11	18*	+7
DT	24*	11	13	+2
JP	19	10	9	-1
AN	13	12	1	-13
Mean	28			
StandardDeviation	9.866			
p value				
INTEGRATED				
ME	30*	15*	15	=
SN	23*	9	14	+5
Mean	26.50			
StandardDeviation	4.95			
p value	0.847			
SEMI INTEGRATED				
DD	14	2	12	+10
CM	19	12	7	-5
Mean	15.5			
StandardDeviation	4.95			
p value	0.138			

TABLE 3

Column mean=
29.13

* signifies above column mean

BRISTOL GUIDE SCORES

Mainstream																														
	KH	2	0	2	1	1	2	1	0	1	2	0	2	0	3	1	4	1	0	1	2	5	1	6	2	3	5	7	17	24
	PB	1	1	2	1	0	1	1	0	1	0	0	0	1	0	0	1	8	0	0	8	1	1	2	0	1	1	4	12	16
	DC	0	1	1	1	1	2	1	0	1	0	0	0	4	5	2	11	0	0	0	0	4	0	4	1	1	2	4	17	21
	KL	1	0	1	1	0	1	0	0	0	1	0	1	1	0	0	1	0	0	1	1	3	0	3	0	2	2	3	7	10
	JM	1	0	1	1	1	2	0	0	0	1	0	1	1	3	2	6	2	2	1	5	2	1	3	1	2	3	4	17	21
	AP	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	6	1	1	8	1	1	2	2	1	3	0	16	16
	SC	0	0	0	0	0	0	0	0	0	0	0	0	3	1	4	8	1	1	2	4	1	0	1	2	2	4	0	17	17
	CW	1	0	1	1	0	1	1	1	2	0	0	0	2	4	0	6	1	1	1	3	4	1	5	2	3	5	4	19	23
	KW	0	0	0	0	1	1	0	1	1	0	0	0	1	1	1	3	2	0	0	2	5	1	6	0	2	2	2	13	15
	MM	0	0	0	0	0	0	0	1	1	0	0	0	4	5	1	10	3	2	2	7	1	0	1	2	3	5	1	23	24
Semi-Integrated																														
*	DD	6	0	6	0	0	0	0	0	0	1	0	1	3	2	0	5	0	0	1	1	6	0	6	0	0	0	7	12	19
*	CM	0	0	0	1	0	1	2	0	2	0	0	0	2	4	1	7	0	1	3	4	3	3	6	2	3	5	3	22	25
Integrated																														
*	SN	3	3	6	0	0	0	0	0	0	1	0	1	0	3	0	3	2	0	2	4	2	0	2	0	1	1	7	10	17
*	ME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unit																														
	JP	3	0	3	1	0	1	0	0	0	1	0	1	0	5	2	7	2	3	1	6	2	1	3	2	2	4	5	20	25
	WW	0	0	0	4	4	8	0	0	0	0	2	2	4	7	4	15	1	3	0	4	1	1	1	3	4	7	4	27	31
	RM	1	1	2	2	1	3	2	3	5	2	1	3	2	1	0	3	1	0	1	2	0	0	0	0	0	0	13	5	18
	CA	0	0	0	0	0	0	0	0	0	0	0	0	3	6	2	11	1	1	1	3	5	2	7	1	1	2	0	23	23
	DT	0	0	1	3	1	4	4	1	5	2	0	2	2	5	1	8	1	1	1	3	1	0	2	1	5	6	12	19	31
	AN	0	0	0	0	1	1	0	0	0	0	1	1	1	3	0	4	2	2	3	7	2	6	2	1	3	2	20	22	
	LG	0	0	0	0	0	0	1	0	1	0	3	3	5	3	4	12	0	1	0	1	0	1	0	2	2	4	16	20	

A B U A B W A B D A B UR A B C Q A B C H A B PM A B OV UR OR TOTAL

U= Unforthcomingness, fearing new tasks or strange situations, and is timid with people while maintaining a need for affection. As a relief from anxiety about school learning the child may accept the role of being 'dull'

W= Withdrawal, covers various types of social unresponsiveness - indifference to affection and human attachments, or a defensiveness against them arising from bad experiences. A high score would be an indication for expert clinical attention.

D= Depression, a lack of response to stimuli to which children normally respond, but without the apprehensiveness characteristic of Unforthcomingness, or the unconcern or defensiveness of Withdrawal.

UR=Nonsyndromic under-reaction, confirming whichever under-reacting syndromes are present.

Q= Inconsequence, a failure to inhibit first impulses for long enough for their consequences to be foreseen. The child seeks unthinkingly to gain attention to dominate over his age-peers and to create an impression by showing off. In school work he is apt to guess rather than to take time to work out thoughtful solutions.

H= Hostility. The child has lost faith in the loyalty of adults, usually because of expressions of rejection or actual rejection within the home, and sets out to provoke a breach as a means of relief from his insecurity. Hostility takes two forms: provocative acts calculated to make himself an outcast, and a sullen avoidance of offers of friendship.

PM= Peer-maladaptiveness, revealing domineering, aggressive attitudes to age-peers, related to Inconsequence and Hostility to adults.

OV=Non-Syndromic Over-Reaction. Tending to reflect the form of expression of Inconsequence or Hostility suggested by the social environment.

UR=Under-reaction

OR=Over-reaction

med3 / MHW / 95

TABLE 4

BRISTOL GUIDE SCORES COMPARISONS

Scores on the same children at different times or with different teachers

When Semi-Integrated																																						
DD	6	0	6	0	0	0	0	0	0	1	0	1	3	2	0	5	0	0	1	1	6	0	6	0	0	0	7	12	19									
When being assessed for unit																																						
DD 1	4	4	8	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	9									
DD 2	0	1	2	0	0	0	0	0	0	2	3	5	1	3	5	9	1	1	0	2	0	2	2	0	1	1	7	14	21									
When Integrated																																						
SN	3	3	6	0	0	0	0	0	0	1	0	1	0	3	0	3	2	0	2	4	2	0	2	0	1	1	7	10	17									
When being assessed for Unit																																						
SN	1	0	1	0	0	0	1	1	2	0	0	0	5	4	1	11	4	2	2	8	4	1	5	1	1	2	3	26	29									
When integrated																																						
ME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
When being assessed for unit																																						
ME	1	0	1	0	0	0	0	0	0	0	0	0	1	6	0	7	0	0	1	1	2	0	2	2	1	3	1	3	14									
	A	B	U	A	B	W	A	B	D	A	B	U	R	A	B	C	Q	A	B	C	H	A	B	P	M	A	B	O	V	U	R	O	R	T	O	T	A	L

U= Unforthcomingness, fearing new tasks or strange situations, and is timid with people while maintaining a need for affection. As a relief from anxiety about school learning the child may accept the role of being 'dull'

W= Withdrawal, covers various types of social unresponsiveness - indifference to affection and human attachments, or a defensiveness against them arising from bad experiences. A high score would be an indication for expert clinical attention.

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UR=Nonsyndromic under-reaction, confirming whichever under-reacting syndromes are present.

Q= Inconsequence, a failure to inhibit first impulses for long enough for their consequences to be foreseen. The child seeks unthinkingly to gain attention to dominate over his age-peers and to create an impression by showing off. In school work he is apt to guess rather than to take time to work out thoughtful solutions.

H= Hostility. The child has lost faith in the loyalty of adults, usually because of expressions of rejection or actual rejection within the home, and sets out to provoke a breach as a means of relief from his insecurity. Hostility takes two forms: provocative acts calculated to make himself an outcast, and a sullen avoidance of offers of friendship.

PM= Peer-maladaptiveness, revealing domineering, aggressive attitudes to age-peers, related to Inconsequence and Hostility to adults.

OV=Non-Syndromic Over-Reaction. Tending to reflect the form of expression of Inconsequence or Hostility suggested by the social environment.

UR=Under-reaction

OR=Over-reaction

med/MHW/95

TABLE 5

STATISTICAL ANALYSIS OF BRISTOL GUIDE SCORES

MAINSTREAM

Initials	Unract	Ovract	Total BSAG
KH	7	17	24
PB	4	12	16
DC	4	17	21
KL	3	7	10
JM	4	17	21
AP	0	16	16
SC	0	17	17
CW	4	19	23
KW	2	13	15
MM	1	23	24
Mean	2.9	15.8	18.70
Standard deviation	2.183	4.315	4.62
against unit p=	0.128	0.323	0.033

SEMI INTEGRATED

DD	7	12	19
CM	3	22	25
Mean	5.000	17.000	22.000
Standard Deviation	2.828	7.071	4.243
against unit p=	0.854	0.785	0.585

TOTALLY INTEGRATED

SN	7	10	17
ME	0	0	0
Mean	3.50	5.00	8.5
Standard Deviation	4.95	7.071	12.021
against unit p=	0.593	0.044	0.020

UNIT

JP	5	20	25
WW	4	27	31
RM	13	5	18
CA	0	23	23
DT	12	19	31
AN	2	20	22
LG	4	16	20
Mean	5.714	18.571	24.286
Standard Deviation	4.923	6.901	5.090

TABLE 6

Med10/MHW/94z

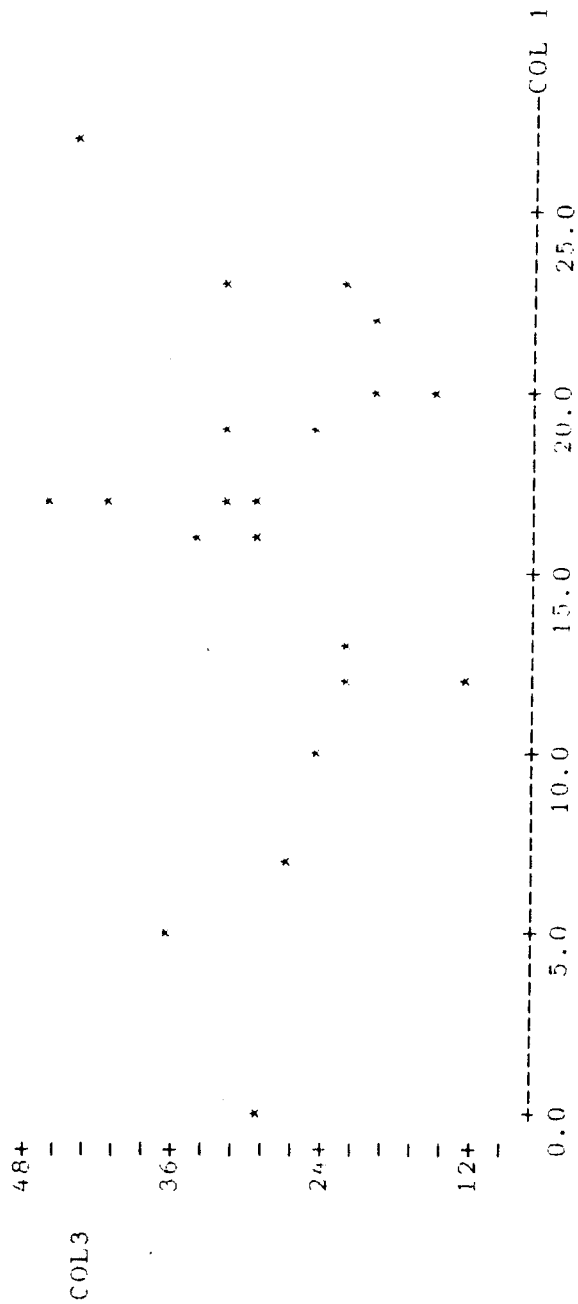


TABLE 7
Correlation between playground misbehaviour (column 3)
and Ovract BSAG scores (column 1) = 0.069

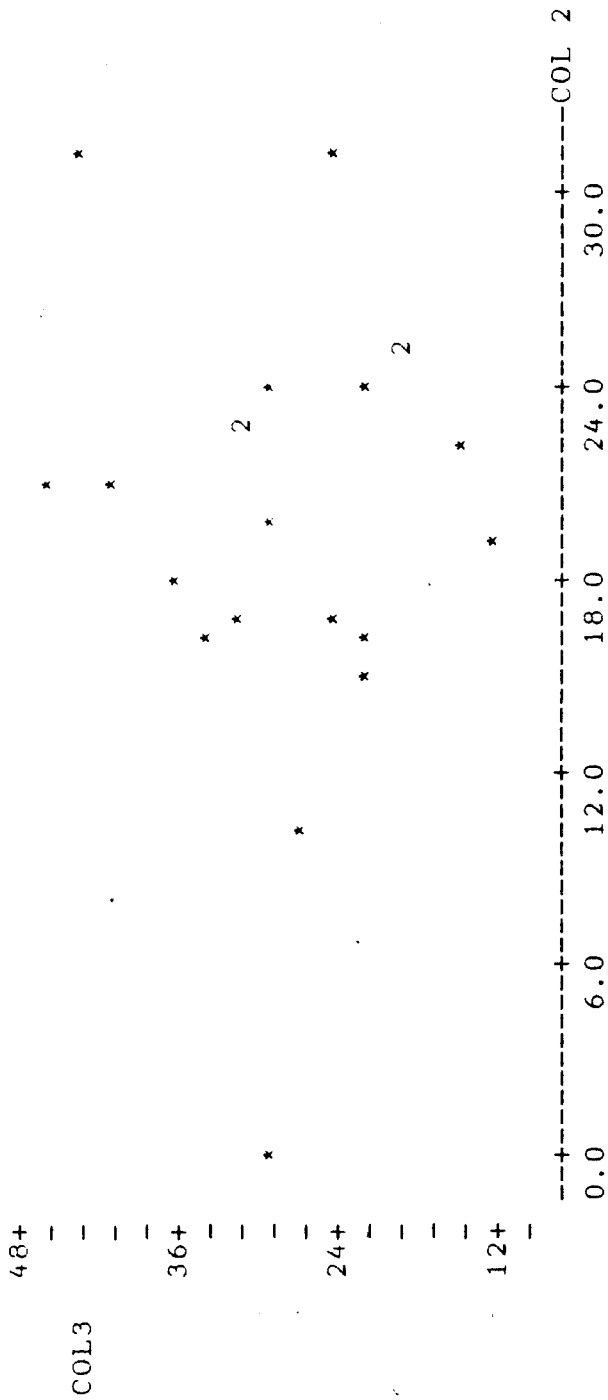


TABLE 7a
Correlation between playground misbehaviour (column 3)
and total BSAG scores (column 2) = 0.042

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